



October 20, 2023

The Honorable Phil Mendelson
Chairman
Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, N.W., Suite 504
Washington, D.C. 20004

Dear Chairman Mendelson:

Please find attached the Health Occupations Revision General Amendment Act of 2023 for enactment by the Council of the District of Columbia.

If enacted, the proposed legislation would amend the District of Columbia Health Occupations Revision Act of 1985 (HORA), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.*) to accomplish the following:

- Establish standards for telehealth practice.
- Update scopes of practice either for clarity or to reflect current practice trends. Notably, the scope of optometry will authorize optometrists to prescribe controlled substances which are rational to the diagnosis and treatment of diseases of the human eye and its adjacent structures. Podiatrists will be authorized to practice within the full range of their education and training including treatment of hands and wrists. Pharmacists will be authorized to administer prescribed drugs, devices, and biologicals; order, perform, and interpret CLIA-waived tests as part of conducting health screenings; and order immunizations and vaccinations in accordance with CDC published guidelines.
- Support administrative efficiency by consolidating some boards and removing others. Notably, the legislation proposes to combine Board of Audiology and Speech-Language Pathology, Board of Occupational Therapy, Board of Physical Therapy to form a new Board of Rehabilitative Therapies to regulate the professions currently regulated by those boards. Additionally, Board of Chiropractic and Board of Podiatry will be removed and the regulatory authority over the professions transferred to the Board of Medicine.
- Consolidate dietetic and nutrition licenses into one – dietitian-nutritionist license. This is based on the existing shared scope of practice.
- Transfer the regulation of clinical laboratory practitioners to the Board of Medicine and create an Advisory Committee on Laboratory Practitioners to support the work.
- Implement the regulation of medical radiation technologists such as mammographers, radiographers, and ultrasound technologists and create an Advisory Committee on Medical Radiation Technologists to support the work.
- Provide a comprehensive licensing scheme for the full range of the practice of psychology based on the nationally accepted model act advocated by the Association of

State and Provincial Psychology Boards. The current psychology license will be renamed “health services psychology license” and the practices of general applied psychology and school psychology will be regulated by the Board of Psychology. General applied psychologists will be required to be licensed and school psychologists will be required to be registered.

- Create an emeritus status for licensure, registration, or certification as promulgated by rulemaking. A person granted an emeritus status will be permitted to refer to themselves by the title of their license, registration, or certification after retirement from practice.
- Restore clarity related to the practice scopes and qualifications of advanced practice registered nursing as previously provided in the HORA prior to the latest comprehensive amendment in 2009.
- Clarify the regulation of nursing assistive personnel and provide for the issuance of temporary registration or certification for youths under the age of 18 who seek early entrance into the nursing profession with the practice of nursing assistive personnel.
- Clarify the regulation of nursing education and nursing assistive personnel training programs.
- Modify the titles of some professions to conform with the current development; for example, recreational therapy (instead of recreation therapy), respiratory care practitioners (instead of respiratory care therapists), physical therapist assistants (instead of physical therapy assistants).

I urge the Council to take prompt and favorable action on the Health Occupations Revision General Amendment Act of 2023.

Sincerely,

Muriel Bowser



October 20, 2023

The Honorable Phil Mendelson
Chairman
Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, N.W., Suite 504
Washington, D.C. 20004

Dear Chairman Mendelson:

Please find attached the Health Occupations Revision General Amendment Act of 2023 for enactment by the Council of the District of Columbia.

If enacted, the proposed legislation would amend the District of Columbia Health Occupations Revision Act of 1985 (HORA), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.*) to accomplish the following:

- Establish standards for telehealth practice.
- Update scopes of practice either for clarity or to reflect current practice trends. Notably, the scope of optometry will authorize optometrists to prescribe controlled substances which are rational to the diagnosis and treatment of diseases of the human eye and its adjacent structures. Podiatrists will be authorized to practice within the full range of their education and training including treatment of hands and wrists. Pharmacists will be authorized to administer prescribed drugs, devices, and biologicals; order, perform, and interpret CLIA-waived tests as part of conducting health screenings; and order immunizations and vaccinations in accordance with CDC published guidelines.
- Support administrative efficiency by consolidating some boards and removing others. Notably, the legislation proposes to combine Board of Audiology and Speech-Language Pathology, Board of Occupational Therapy, Board of Physical Therapy to form a new Board of Rehabilitative Therapies to regulate the professions currently regulated by those boards. Additionally, Board of Chiropractic and Board of Podiatry will be removed and the regulatory authority over the professions transferred to the Board of Medicine.
- Consolidate dietetic and nutrition licenses into one – dietitian-nutritionist license. This is based on the existing shared scope of practice.
- Transfer the regulation of clinical laboratory practitioners to the Board of Medicine and create an Advisory Committee on Laboratory Practitioners to support the work.
- Implement the regulation of medical radiation technologists such as mammographers, radiographers, and ultrasound technologists and create an Advisory Committee on Medical Radiation Technologists to support the work.
- Provide a comprehensive licensing scheme for the full range of the practice of psychology based on the nationally accepted model act advocated by the Association of

State and Provincial Psychology Boards. The current psychology license will be renamed “health services psychology license” and the practices of general applied psychology and school psychology will be regulated by the Board of Psychology. General applied psychologists will be required to be licensed and school psychologists will be required to be registered.

- Create an emeritus status for licensure, registration, or certification as promulgated by rulemaking. A person granted an emeritus status will be permitted to refer to themselves by the title of their license, registration, or certification after retirement from practice.
- Restore clarity related to the practice scopes and qualifications of advanced practice registered nursing as previously provided in the HORA prior to the latest comprehensive amendment in 2009.
- Clarify the regulation of nursing assistive personnel and provide for the issuance of temporary registration or certification for youths under the age of 18 who seek early entrance into the nursing profession with the practice of nursing assistive personnel.
- Clarify the regulation of nursing education and nursing assistive personnel training programs.
- Modify the titles of some professions to conform with the current development; for example, recreational therapy (instead of recreation therapy), respiratory care practitioners (instead of respiratory care therapists), physical therapist assistants (instead of physical therapy assistants).

I urge the Council to take prompt and favorable action on the Health Occupations Revision General Amendment Act of 2023.

Sincerely,

Muriel Bowser



Chairman Phil Mendelson
at the request of the Mayor

A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend the District of Columbia Health Occupations Revision Act of 1985 to provide broad governing standards for the provision of telehealth services; to provide clarity for the scope of the practice for advance registered nurses; to update the scope of practice for audiology; to update and support a scope of practice for chiropractic that is inclusive of current modalities and treatments; to update the scope of practice for dietetics and nutrition and consolidate the dietetic license and nutrition license into the dietitian-nutritionist license; to add the scope of practice of medical assistants; to regulate the practice of medical radiation technology; to revise the scope of practice by nursing assistive personnel and clarify that they are required to be registered or certified to practice in various nursing assistive personnel functions; to clarify the scope of occupational therapy; to update the scope of the practice of optometry to permit the prescribing and administering of controlled substances as related to the profession; to amend the scope of practice of pharmacy to include compounding, dispensing, and labeling of biologicals and authorize pharmacists to order immunizations and vaccinations, administer a prescribed drug, device, or biological, and order, perform, and interpret CLIA-waived tests; to clarify the scope of the practice of physical therapy and change the title of physical therapy assistant to physical therapist assistant; to update the scope of the practice of practical nursing; to clarify the scope of the practice of professional counseling; to update the scope of the practice of psychology and distinguish among health services psychology, general applied psychology, school psychology, and psychology associate and to require licensure or registration for each type of practice; to add the scope for the practice of recreational therapy and change the authorization to practice from registration to licensure; to update the scope of registered nursing practice; to update the scope of the practice of respiratory care and change the title of the professionals to respiratory care practitioners; to update the scope of the practice of social work; to remove the requirement for the Board of Dentistry to review and audit written recommendations for the use of medical marijuana issued by dentists; to revise the composition of the Board of Medicine to include physician assistants, a podiatrist, a chiropractor, and an acupuncturist and remove the advisory committees related to the professions that have been added to the Board of Medicine; to transfer the regulation of

clinical laboratory practitioners to the Board of Medicine and create an advisory committee on clinical laboratory practitioners; to authorize the Board of Medicine to regulate the practice of medical radiation technology with the advice of an advisory committee on medical radiation technologists; to increase the number of members on the Board of Nursing and revise its composition to include nursing assistive personnel and a nursing home administrator, assisted living administrator, or home health care administrator as well as positions that may be filled by various types of nursing professions; to clarify that nursing education and nursing assistive personnel education programs are regulated by the Board of Nursing; to remove the Board of Long-Term Care Administration and transfer the regulation of the profession to the Board of Nursing; to consolidate the Board of Occupational Therapy, Board of Physical Therapy, and Board of Audiology into a new Board of Rehabilitative Therapies; to change the composition of the Board of Pharmacy to include a pharmacy technician; to remove the Board of Podiatry and Board of Chiropractic and transfer the regulation of the professions to the Board of Medicine; to remove Board of Marriage and Family Therapy and transfer the regulation of the profession to the Board of Professional Counseling; to modify the composition of the Board of Social Work to include a flexible position to be drawn from any of the licensure categories; to clarify the composition of the Board of Professional Counseling; to permit the Mayor to remove without a hearing a board member who fails to attend half of the scheduled board meetings; to clarify that each board may designate its vice-chairperson; to add clear provision for the immunity of the board members and staff within the scope of their duties; to clarify the licensure exemption to include health professionals who travel into the District with their patient or client or provide telehealth into the District to their existing patient or client who is temporarily in the District; to add clarifications regarding endorsement and temporary licenses; to clearly authorize the use of e-mails for communications related to licensure; to add the emeritus status to permit health professionals who cease practicing but wish to continue to represent themselves as health professionals; to clarify requirements for reinstatement and reactivation of licenses; to update the grounds for disciplinary action; to clearly authorize boards to resolve minor disciplinary matters through negotiated settlement agreements; to provide for the process to deny or withdraw approval of nursing education or nursing assistive personnel training programs; to clarify the extent of disciplinary records; to provide clarity regarding types of advanced practice registered nursing and the qualifications for each; and to make conforming amendments.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Health Occupations Revision General Amendment Act of 2023”.

TITLE I. HEALTH PROFESSIONAL LICENSURE.

Sec. 101. The District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*), is amended as follows:

(a) The table of contents is amended as follows:

(1) The heading of title VI is amended by striking the phrase “PROTOCOL;
COLLABORATION” and inserting the word “PROTOCOL” in its place.

(2) The following new section headings are added to read as follows:

“Sec. 105. Telehealth.”

“Sec. 218a. Board of Rehabilitative Therapies.”

“Sec. 413. Immunity.”

“Sec. 511a. Emeritus status.”

“Sec. 514a. Negotiated settlement agreement.”

“Sec. 514b. Disciplinary or adverse action against nursing education or nursing
assistive personnel training programs.”

“Sec. 525. Disciplinary records.”

“Sec. 607a. Certified clinical nurse specialist.”

“Sec. 913. Doula.”

“Sec. 1206. Transitional provisions for board consolidation.”

(3) The following section headings are amended to read as follows:

“Sec. 203. Board of Medicine; Advisory Committees on Anesthesiologist
Assistants, Naturopathic Medicine, Polysomnography, Surgical Assistants, Trauma
Technologists, Athletic Trainers, Maternal Care Professionals, Clinical Laboratory Practitioners,
and Medical Radiation Technologists.”

“Sec. 205. Repealed.”

“Sec. 206. Repealed.”

“Sec. 209. Repealed.”

“Sec. 210. Repealed.”

111 “Sec. 216. Repealed.”
112 “Sec. 217. Repealed.”
113 “Sec. 218. Repealed.”
114 “Sec. 513a. Repealed.”
115 “Sec. 603. Repealed.”
116 “Sec. 605. Certified registered nurse anesthetist.”
117 “Sec. 606. Certified nurse-midwife.”
118 “Sec. 607. Certified nurse practitioner.”
119 “Sec. 853. Repealed.”
120 “Sec. 902. Dance Therapy.”
121 “Sec. 903. Repealed.”
122 “Sec. 906. Repealed.”
123 “Sec. 907. Nursing assistive personnel; registration or certification required.”
124 “Sec. 908. Repealed.”
125 “Sec. 1204. Physical therapist assistants; references thereto.”

126 (4) The following new title and section headings are added to read as follows:

127 “Title VIII-F
128 “CATEGORIES AND QUALIFICATIONS REQUIRED FOR THE PRACTICE OF
129 PSYCHOLOGY

130
131 “Sec. 881. License and registration requirements.

132 “Sec. 882. Qualifications.

133 “Sec. 883. Limitations.

134 “Title VIII-G
135 “CATEGORIES AND QUALIFICATIONS REQUIRED FOR THE PRACTICE OF MEDICAL
136 RADIATION

137

138 “Sec. 891. Qualifications for licensure.

139 “Sec. 892. Limitations on practice.

140 “Sec. 893. Transition of licensed and registered medical radiation practitioners.”.

141 (b) Section 101 (D.C. Official Code § 3-1201.01) is amended as follows:

142 (1) Paragraph (1) is amended to read as follows:

143 “(1) “Board” means the Board of Dentistry, the Board of Dietetics and Nutrition,
144 the Board of Medicine, the Board of Nursing, the Board of Optometry, the Board of Pharmacy,
145 the Board of Professional Counseling, the Board of Psychology, the Board of Rehabilitative
146 Therapies, the Board of Respiratory Care, the Board of Social Work, or the Board of Veterinary
147 Medicine established by this chapter, as the context requires.”.

148 (2) Paragraph (1A) is amended to read as follows:

149 “(1A) “Boards of Allied Health” means the Board of Dentistry, the Board of
150 Dietetics and Nutrition, the Board of Massage Therapy, the Board of Optometry, the Board of
151 Rehabilitative Therapies, and the Board of Respiratory Care.”.

152 (3) Paragraph (1B) is amended by striking the phrase “the Board of Marriage and
153 Family Therapy,”.

154 (4) Paragraph (1E) is repealed.

155 (5) Paragraph (6C) is amended to read as follows:

156 “(6C) “Doula” means an individual certified by the Board of Medicine to provide
157 culturally competent and continuous physical, emotional, and informational support to a birthing
158 parent during pregnancy, labor, birth, and postpartum.”.

159 (6) A new paragraph (6C-i) is added to read as follows:

“(6C-i) “Electronic form” means a record created, generated, sent, communicated, received, or stored by electronic means.”.

(7) Paragraphs (10A), (10B), and (10C) are repealed.

(8) Paragraph (10D) is amended by striking the word “midwife” and inserting the phrase “health professional providing maternal services” in its place.

(9) Paragraph (15) is amended to read as follows:

“(15) “Suspension” means termination of the right to practice a health profession for a specified period of time or until such time that the specified conditions in an order are satisfied, whichever is later.”.

(10) New paragraphs (15A), (15B), and (15C) are added to read as follows:

“(15A) “Telehealth” means the use of synchronous or asynchronous telecommunication technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance, in which a practitioner and a patient or client or supervisee are located at different physical locations.

“(15B) “Telecommunication technology” means a technology that supports communication through electronic means.

“(15C) “Telehealth service” means a healthcare service provided through telehealth.”.

(11) Paragraph (16) is amended by striking the period and inserting the phrase “and is licensed by the Mayor to practice veterinary medicine in the District.” in its place.

(c) Section 102 (D.C. Official Code § 3-1201.02) is amended as follows:

(1) Paragraph (2) (D.C. Official Code § 3-1202.02(2)) is amended to read as follows:

“(2) “Practice of advanced practice registered nursing” means the independent performance of advanced-level nursing actions, with or without compensation, by a licensed registered nurse with advanced education, knowledge, skills, and scope of practice who has been certified to perform such actions by a national certifying body acceptable to the Board of Nursing in the appropriate advanced practice registered nursing role and at least one population focus. The practice of advanced practice registered nursing includes:

“(A) Advanced assessment;

“(B) Medical diagnosis;

“(C) Prescribing;

“(D) Selecting, administering, and dispensing therapeutic measures;

“(E) Treating alterations of the health status; and

“(F) Carrying out other functions identified in subtitle VI of this title and in accordance with procedures required by this title.”.

(2) Paragraph (2A-ii)(C)(iii) (D.C. Official Code § 3-1201.02(2A-ii)(C)(iii)) is repealed.

(3) Paragraph (2B)(A) is amended to read as follows:

“(2B)(A) “Practice of audiology” means the planning, directing, supervising, and conducting of habilitative or rehabilitative counseling programs for individuals or groups of individuals who have, or are suspected of having, disorders of hearing or balance; any service in audiology, including prevention, identification, evaluation, consultation, habilitation or rehabilitation, academic instruction, clinical instruction, and research; participating in hearing conservation, hearing aid and assistive listening device evaluation, selection, preparation, dispensing, and orientation; fabricating ear molds; cerumen management; interoperative

neurophysiologic monitoring; providing auditory training and speech reading; or administering tests of vestibular function or tinnitus. The practice of audiology includes speech and language screening limited to a pass-or-fail determination for the purpose of identification of individuals with disorders of communication and associated referral for management of communication and balance disorders, or cognitive, dexterity, depression, or vision screening, and associated referral for management of related disorders. The practice of audiology does not include the practice of medicine or osteopathic medicine, or the performance of a task in the normal practice of medicine or osteopathic medicine by a person to whom the task is delegated by a licensed physician.”.

(4) Paragraph (3)(A) (D.C. Official Code § 3-1201.02(3)(A)) is amended to read as follows:

“(3)(A) “Practice of chiropractic” means practicing a primary care health discipline through the evaluation, examination, diagnosis, counseling, and treatment or management of biomechanical or physiological conditions or disorders that compromise neural integrity or organ system function; the use of x-rays and advanced diagnostic imaging, physical examination, and examination by instrumentation for the detection and correction of subluxations and somatic dysfunctions that cause vertebral, neuromuscular, or skeletal disorder; the adjustment of the spine or manipulation of bodily articulations for the restoration and maintenance of health; and the referral of a patient for diagnostic imaging, tests, and clinical laboratory procedures in order to determine a regimen of chiropractic care or to form a basis or referral of patients to other licensed health care professionals. “Practice of Chiropractic” does not include the use of drugs or surgery but may include ancillary procedures such as dry needling in accordance with the rules and requirements promulgated by the Mayor.”.

(5) Paragraph (3A) (D.C. Official Code § 3-1201.02(3A)) is amended by striking the phrase “or cells desquamated from a body surface or lesion,” and inserting the phrase “cells desquamated from a body surface or lesion, or cells aspirated from a lesion” in its place.

(6) Paragraph (6) (D.C. Official Code § 3-1201.02(6)) is amended as follows:

(A) Subparagraph (6)(A) is amended to read as follows:

“(A) “Practice of dietetics and nutrition” means the application of the principles inherent in the knowledge of food, biochemistry, physiology, and related behavioral sciences to human nutrition, which is defined as the science of food and nutrients including the action, interaction, and balance of same in relation to health and wellness, and the maintenance of optimal nutritional health in individuals, or groups of individuals, through the provision of effective care and treatment and the application of scientific principles by dietitian-nutritionists. The practice of dietetics and nutrition encompasses guidance on short- and long-term dietary and nutritional practices including the communication and implementation of key principles of good nutrition and food preparation and the application of medical nutrition therapy and nutrition assessment.”.

(B) Subparagraph (B) is amended by striking the phrase “dietician or nutritionist,” and inserting the word “dietician-nutritionist,” in its place and by striking the phrase “dieticians or nutritionists.” and inserting the word “dietician-nutritionists.” in its place.

(7) Paragraph (6A) (D.C. Official Code § 3-1201.02(6A)) is amended to read as follows:

“(6A) “Practice by histologic technicians” means the preparation of human and animal tissue samples for microscopic examination related to diagnosis and treatment of human disease.”.

(8) Paragraph (6B) (D.C. Official Code § 3-1201.02(6B)) is amended as follows:

(A) Subparagraph (A) is amended by striking the phrase “the context of marriage and family systems.” and inserting the phrase “the context of or arising from the context of marriage and family systems.” in its place.

(B) Subparagraphs (B) and (C) are repealed.

(9) Paragraph (6B-i) (D.C. Official Code § 3-1201.02(6B-i)) is amended by striking the phrase “a medical technologist or physician.” and inserting the phrase “a medical technologist or clinical laboratory director.” in its place.

(10) Paragraph (6B-ii) (D.C. Official Code § 3-1201.02(6B-ii)) is amended by striking the phrase “analyzing the chemical content of fluids,” and inserting the phrase “analyzing the cellular and chemical content of fluids,” in its place.

(11) A new paragraph (6D) is added to read as follows:

“(6D) “Practice by medical assistants” means the performance by individuals assisting with minor medical practices that, other than the administration of vaccines or other shots, do not involve any subcutaneous procedure and occur only under the direct supervision of a physician, physician assistant, or advance practice registered nurse.”.

(12) A new paragraph (6E) is added to read as follows:

“(6E) “Practice of medical radiation technology” means the use of ionizing or non-ionizing radiation for the purposes of medical imaging and treatment in any of the following categories:

“(A) The practice of cardiovascular-interventional technology, which means using imaging equipment to perform a comprehensive scope of invasive cardiac or neurological, peripheral, and visual cardiovascular and non-vascular diagnostic, therapeutic and interventional

procedures that are displayed in radiographic or digital images for the purpose of assisting physicians in diagnostic and interventional procedures;

“(B) The practice of computed tomography technology, which means the use of ionizing radiation to produce tomographic images or slices of specific areas of the body on film, fluorescent material, or an image display device;

“(C) The practice of magnetic resonance technology, which means the use of resonance frequency within a magnetic field to evaluate anatomic or physiologic conditions of the body, perform spectral analysis, perform functional and anatomic analysis, and provide a basis for interventional or therapeutic procedures that utilize magnetic resonance technology;

“(D) The practice of mammography, which means the use of low-dose x-rays to image internal structures of the breast for purposes of detecting abnormal growths or cysts;

“(E) The practice of nuclear medicine technology, which means in vivo and in vitro detection and measurement of radioactivity and the administration of radiopharmaceuticals and radionuclides for diagnostic and therapeutic purposes;

“(F) The practice of radiation therapy, which means the use of ionizing radiation under the supervision of a licensed physician for the purpose of destroying cancerous tumors;

“(G) The practice of radiography, which means the use of ionizing radiation projected through the body to produce radiographic images on film, fluorescent material, or an image display device;

“(H) The practice by radiologist assistants, which means the practice of radiography in the areas of patient care, patient management, clinical imaging and interventional procedures; provided that the practice by radiologist assistants does not include interpreting images, making diagnoses, or prescribing medication or therapies; and

“(I) The practice of ultrasonography or sonography, which means the use of ultrasound for the visualization of subcutaneous body structures including tendons, muscles, joints, vessels, and internal organs for possible pathology or lesions.”.

(13) Paragraph (7B) (D.C. Official Code § 3-1201.02(7B)) is amended to read as follows:

“(7B) “Practice by nursing assistive personnel” means the performance by authorized individuals who have been assigned direct patient care tasks that are common to nursing functions and do not require professional skill or judgment within a health care, residential, or community support setting; provided, that the patient care tasks are performed under the general supervision of a licensed health care professional. Nursing assistive personnel includes:

“(A) Nurse aides;

“(B) Medication aides;

“(C) Home-health aides;

“(D) Patient care technicians;

“(E) Trained medication employees;

“(F) Dialysis technicians; and

“(G) Any other profession as determined by the Mayor through rulemaking.”.

(14) Paragraph (9)(A) (D.C. Official Code § 3-1201.02(9)(A)) is amended as follows:

(A) Sub-subparagraph (i) is amended to read as follows:

“(i) The therapeutic use of everyday life activities and the use of other occupational therapy techniques to engage clients who have disability and non-disability-related needs in everyday life occupations to enable participation in activities in home, school,

workplace, or other community settings to promote habilitation, rehabilitation, and health and wellness, with or without compensation;”.

(B) Sub-subparagraph (iii) is amended by striking the word “patients” and inserting the word “clients” in its place.

(15) Paragraph (10) (D.C. Official Code § 3-1201.02(10)) is amended as follows:

(A) Subparagraph (E) is amended to read as follows:

“(E) An individual licensed to practice optometry may administer or prescribe drugs as follows:

“(i) An individual licensed to practice optometry may administer or prescribe the following drugs:

“(I) Antibiotics, but not oral systemic antiviral or antifungal agents;

“(II) Antihistamines;

“(III) Non-steroidal anti-inflammatories;

“(IV) Medication for the initiation of immediate emergency treatment of angle closure glaucoma; and

“(V) Analgesics included in Schedules III through V controlled substances and analgesics included in Schedule II controlled substances consisting of hydrocodone in combination with acetaminophen, when certified by the Board of Optometry as appropriate for the diagnosis or treatment of any disease or abnormal condition of the human eye and its adnexa;

“(ii) An individual licensed to practice optometry may administer or prescribe injectable systemic drugs to counter anaphylactic reactions;

“(iii) Prescriptions for controlled substances issued by optometrists shall be limited to a 7-day supply; provided that, if treatment with a controlled substance is required beyond the 7-day period, the optometrist shall consult with or refer the patient to another appropriate health care provider;

“(iv) Optometrists permitted under this chapter to prescribe controlled substances shall obtain and have a current federal drug enforcement agency registration number and a District of Columbia controlled substances registration number prior to prescribing or administering controlled substances.”.

(B) Subparagraph (F) is amended to read as follows:

“(F) An individual licensed to practice optometry may conduct diagnosis, treatment, and management of open-angle glaucoma.”.

(16) Paragraph (10A)(A) (D.C. Official Code § 3-1201.02(10A)(A)) is amended by striking the phrase “communicating in person” and inserting the phrase “communicating in person or through interactive virtual communication” in its place.

(17) Paragraph (11) (D.C. Official Code § 3-1201.02(11)) is amended as follows:

(A) Subparagraph (A) is amended to read as follows:

“(A) “Practice of pharmacy” means the interpretation and evaluation of prescription orders; the compounding, dispensing, and labeling of drugs, devices, and biologicals; the prescribing and dispensing of self-administered hormonal contraceptives when certified by the Board of Pharmacy to do so and in accordance with regulations issued by the Mayor; drug and device selection; responsibility for advising and providing information, where regulated or otherwise necessary, concerning drugs, devices, and biologicals, and their therapeutic values, content, hazards, and uses in the treatment and prevention of disease;

responsibility for conducting drug-regimen reviews; responsibility for the proper and safe storage and distribution of drugs, devices, and biologicals; the administration of a prescribed drug, device, and biological in accordance with regulations issued by the Mayor; the order and administration of immunizations and vaccinations in accordance with the Centers for Disease Control and Prevention’s published guidelines and recommended immunization schedules for adults aged 18 and older with valid identification, adolescents and children aged 3 through 17 with written informed parental consent, and the administration of immunizations and vaccinations to any individual pursuant to a valid prescription when certified by the Board of Pharmacy to do so; conducting health screenings, including ordering, performing, and interpreting Clinical Laboratory Improvement Amendments-waived tests; the offering or performance of those acts, services, operations, and transactions necessary in the conduct, operation, management, and control of a pharmacy; the initiating, modifying, or discontinuing a drug therapy in accordance with a duly executed collaborative practice agreement; and the maintenance of proper records.”.

(B) Subparagraph (B) is amended to read as follows:

“(B) Within the meaning of this paragraph, the term:

“(i) “Administration” means the direct application of a prescription drug, device, or biological to the body of the patient by injection, inhalation, ingestion, or any other means.

“(ii) “Collaborative practice agreement” means a voluntary written agreement between a licensed pharmacist and a licensed physician that has been approved by the Board of Pharmacy and the Board of Medicine, either directly or through rulemaking, or between a licensed pharmacist and another health practitioner with independent prescriptive authority

licensed by a District health occupation board, that defines the scope of practice between the licensed pharmacist and licensed physician, or other health practitioner, for the initiation, modification, or discontinuation of a drug therapy regimen.

“(iii) “Pharmacy” means any establishment or institution, or any part thereof, where the practice of pharmacy is conducted, drugs are compounded or dispensed, offered for sale, given away, or displayed for sale at retail, or prescriptions are compounded or dispensed.

“(iv) “Prescription” means any order for a drug, medicinal chemical, biological, or combination or mixtures thereof, or for a medically prescribed medical device, in writing, or on an approved electronic form, dated and signed by an authorized health professional, or given orally to a pharmacist by an authorized health professional or the person's authorized agent and immediately reduced to writing by the pharmacist or pharmacy intern.”.

(18) A new paragraph (11A) is added to read as follows:

“(11A) “Practice of phlebotomy” means performing skin and arterial punctures for the purpose of withdrawing blood or for clinical laboratory test purposes.”.

(19) Paragraph (12) (D.C. Official Code § 3-1201.02(12)) is amended as follows:

(A) Subparagraph (A) is amended to read as follows:

“(A) Practice of physical therapy” means the independent evaluation or treatment of human disability, injury, or disease through the specific scientific application of physical measures to secure the functional rehabilitation of the human body, utilizing standard procedures of physical therapy to treat patients with mechanical, physiological, and developmental impairments, functional limitations, and disabilities, or other health and movement-related conditions, to alleviate the effects of these conditions, to reduce the risk of injury, and to promote

and maintain fitness, health, and wellness in populations of all ages. As part of the evaluation process, the practice of physical therapy includes the ability of physical therapists to order imaging in the District. The practice of physical therapy shall include the teaching and researching of physical therapy.”.

(B) Paragraph (B) is amended to read as follows:

“(B) “Practice by physical therapist assistants” means the performance of selected components of a physical therapy treatment intervention by a person who has graduated from a physical therapist assistant program accredited by an agency recognized for that purpose by the Secretary of the Department of Education or the Council of Postsecondary Accreditation and is licensed pursuant to this chapter to assist the physical therapist.”.

(20) Paragraph (13) (D.C. Official Code § 3-1201.02(13)) is amended by striking the phrase “or osteopath”.

(21) Paragraph (14) (D.C. Official Code § 3-1201.02(14)) is amended to read as follows:

“(14) “Practice of podiatry” means the diagnosis, treatment, prevention and care of pathology and ailments of all structures and tissues of the human foot and ankle, the anatomical structures that attach to the human foot, ankle, soft tissue at or below the knee, and soft tissue of the human hand consisting solely of soft tissue at or distal to the wrist and excluding the bony structures of the hand or wrist, by surgical, medical, or mechanical means, with or without compensation. The term “practice of podiatry” includes the administration of local anesthesia, monitored anesthesia care, and conscious sedation as well as the administration of injections, immunizations, and vaccinations.”.

(22) Paragraph (15) (D.C. Official Code § 3-1201.02(15)) is amended to read as follows:

“(15) “Practice of practical nursing” means the performance, under the supervision of a registered nurse, advanced practice registered nurse, licensed physician, or other authorized health care provider, with or without compensation, of directed nursing services required in observing and caring for the sick, injured, convalescent, or disabled, in promoting preventive measures in community health, in acting to safeguard life and health, in administering treatment and medication prescribed by a physician, dentist, or advanced practice registered nurses, or in performing other acts not requiring the skill, judgment, and knowledge of a registered nurse. The practice also includes the training of nursing assistive personnel and shall be subject to the nursing standards established or recognized by the Board of Nursing in accordance with regulations promulgated by the Mayor.”.

(23) Paragraph (15B) (D.C. Official Code § 3-1201.02(15B)) is amended as follows:

(A) Subparagraph (A) is amended by striking the phrase “; and” and inserting a semicolon in its place.

(B) Subparagraph (B) is amended by striking the period and inserting the phrase “; and” in its place.

(C) New subparagraphs (C) and (D) are added to read as follows:

“(C) Determining and evaluating treatment goals and objectives and implementing counseling techniques and evidence-based counseling methods, models, and interventions to achieve treatment plan goals: and

“(D) Teaching and supervising the practice of professional counseling.”.

(24) Paragraph (16) (D.C. Official Code § 3-1201.02(16)) is amended to read as follows:

“(16)(A) “Practice of psychology” means the observation, description, evaluation, interpretation, prediction, and modification of human behavior by the application of psychological principles, methods, and procedures, with or without compensation, for the purposes of:

“(i) Preventing, eliminating, assessing, or predicting symptomatic, maladaptive, or undesired behavior;

“(ii) Evaluating, assessing, or facilitating the enhancement of individual, group, or organizational effectiveness, including personal effectiveness, adaptive behavior, interpersonal relationships, work and life adjustment, health, and individual, group, or organizational performance; or

“(iii) Providing effective services to help children and youth succeed academically, socially, behaviorally, and emotionally as well as providing direct educational and mental health services for children and youth, including working with parents, educators, and other professionals to create supportive learning and social environments for children.

“(B) The authorization to practice psychology under this paragraph shall be distinguished as follows:

“(i) A person licensed as a health services psychologist is authorized to practice psychology within the full scope of paragraph (A);

“(ii) A person licensed as a general applied psychologist is authorized to practice psychology within the scope of subparagraph (A)(ii) of this paragraph;

480 “(iii) A person registered as a school psychologist is authorized to practice
481 psychology within the scope of subparagraph (A)(iii) of this paragraph; and

482 “(iv) A person registered as a psychology associate is authorized to
483 practice psychology within the scope of subparagraph (A)(i); provided that they practice only
484 under the supervision of a licensed health services psychologist.”.

485 (25) Add a new paragraph (16A) to read as follows:

486 “(16A) “Practice of recreational therapy”, also known as therapeutic recreation or
487 recreation therapy, means the systematic process that utilizes recreation and other activity-based
488 interventions to address the assessed needs of individuals with illness or disabling conditions as a
489 means of psychological and physical health, recovery, and well-being. Recreational therapy also
490 includes treatment services designed to restore, remediate, and rehabilitate a person’s level of
491 functioning and independence in life activities, to promote health and wellness and reduce or
492 eliminate the activity limitations and restrictions to participate in life situations caused by illness
493 or a disabling condition.”.

494 (26) Paragraph (17) (D.C. Official Code § 3-1201.02(17)) is amended to read as
495 follows:

496 “(17) “Practice of registered nursing” means the performance of the full scope of nursing
497 services, with or without compensation, designed to promote, protect, optimize, and maintain
498 health and abilities, prevent illness and injury, facilitate healing; alleviate suffering through the
499 diagnosis and treatment of human response, and advocate for the care of individuals, families,
500 groups, communities, and populations. The practice includes the performance of acts requiring
501 substantial specialized knowledge, judgment, and skill based on the principles of the biological,
502 physiological, behavioral, and sociological sciences. It also includes administrative, educational,

and research functions. The practice shall be subject to standards established or recognized by the Board of Nursing and in accordance with regulations promulgated by the Mayor.”.

(27) Paragraph (17A) (D.C. Official Code § 3-1201.02(17A)) is amended to read as follows:

“(17A) “Practice of respiratory care” means the diagnostic evaluation, assessment, care and treatment, management, or rehabilitation, in collaboration with a licensed physician, of patients who have deficiencies and abnormalities which affect the pulmonary system and associated aspects of the cardiopulmonary or other systems.”.

(28) Paragraph (18)(A) (D.C. Official Code § 3-1201.02(18)(A)) is amended to read as follows:

“(18)(A) “Practice of social work” means the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. Depending upon the level at which an individual social worker is licensed under this act, based upon area of practice, experience, and expertise, the professional services may include the formulation of psychosocial evaluation and assessment, counseling, psychotherapy, referral, advocacy, mediation, consultation, research, administration, education, and community organization.”.

(29) Paragraph (19A) (D.C. Official Code § 3-1201.02(19A)) is amended by striking the phrase “under the direct supervision” and inserting the phrase “under the supervision” in its place.

(d) Section 103(d) (D.C. Official Code § 3-1201.03(d)) is amended as follows:

(1) Paragraph (2) is amended by striking the semicolon and inserting a period in its place.

(2) Paragraphs (3), (4), (5), (6), and (7) are repealed.

(e) A new section 105 is added to read as follows:

“Sec. 105. Telehealth.

“(a) A health professional licensed, registered, or certified in the District may provide a telehealth service to a District resident or person located in the District if doing so is:

“(1) Consistent with the applicable standard of care in the District and the health professional’s scope of authorized practice in the District; and

“(2) Not otherwise prohibited by law or regulation.

“(b) A practitioner-patient or practitioner-client relationship may be established through telehealth in accordance with the appropriate standard of care and the practitioner’s competence and scope of practice.

“(c) A health professional who provides a telehealth service shall do so in a manner consistent with the standard of care applicable to a health professional who provides a comparable health care service in person in the District. The District professional practice standards, rules, and law applicable to the provision of healthcare services including standards, rules, and law related to identity verification, documentation, informed consent, confidentiality, privacy, and security apply to the provision of telehealth services.

“(d) A health professional providing telehealth services who is authorized to prescribe medications shall register with the District and comply with all requirements of the Prescription Drug Monitoring Program Act of 2013, effective February 22, 2014 (D.C. Law 20-66; D.C.

Code §§ 48-853.01 *et seq.*), and shall be subject to all District or federal laws and rules related to prescription and controlled substances.

“(e) A practitioner who does not hold a license, registration, or certification to practice in the District may not provide a telehealth service to a client or patient physically located in the District except if the practitioner and the client or patient have an existing practitioner-client or practitioner-patient relationship and the client or patient is temporarily present in the District.”.

(f) Section 202(c) (D.C. Official Code § 3-1202.02(c)) is amended to read as follows:

“(c) Of the members of the Board, 4 shall be licensed dietitian-nutritionists, and one shall be a consumer member who is not licensed as a dietitian-nutritionist.”.

(g) Section 203 (D.C. Official Code § 3-1202.03) is amended as follows:

(1) The title of the section is amended to read “Board of Medicine; Advisory Committees on Anesthesiologist Assistants, Naturopathic Medicine, Polysomnography, Surgical Assistants, Trauma Technologists, Athletic Trainers, Maternal Care Professionals, Clinical Laboratory Practitioners, and Medical Radiation Technologists.”.

(2) Subsection (a) is amended as follows:

(A) Paragraph (2) is amended to read as follows:

“(2) The Board shall regulate the practice of medicine, the practice of acupuncture, the practice by anesthesiologists assistants with the advice of the Advisory Committee on Anesthesiologists Assistants, the practice of chiropractic, the practice of clinical laboratory practitioners with the advice of the Advisory Committee on Clinical Laboratory Practitioners, the practice of medical radiation technology with the advice of the Advisory Committee on Medical Radiation Technologists, the practice of naturopathic medicine with the advice of the Advisory Committee on Naturopathic Medicine, the practice by physician

assistants, the practice of podiatry, the practice by surgical assistants with the advice of the Advisory Committee on Surgical Assistants, the practice by physicians-in-training, the practice by trauma technologists with the advice of the Advisory Committee on Trauma Technologists, the practice of athletic training with the advice of the Advisory Committee on Athletic Trainers, and the practices by certified professional midwives and doulas with the advice of the Advisory Committee on Maternal Care Professionals.”.

(B) Paragraph (3) is amended to read as follows:

“(3) Of the members of the Board, 6 shall be physicians licensed to practice in the District, 2 shall be physician assistants licensed to practice in the District, 1 shall be a podiatrist licensed to practice in the District, 1 shall be a chiropractor licensed to practice in the District, 1 shall be an acupuncturist licensed in the District, 3 shall be consumer members, and 1 shall be the Director of the Department of Health or his or her designee. The Chair of the Board shall be a physician member of the Board.”.

(C) Paragraph (8) is amended as follows:

(i) Subparagraph (A) is amended by striking the phrase “in accordance with guidelines approved by the Advisory Committee on Acupuncture”.

(ii) Subparagraph (C) is amended by striking the phrase “in accordance with guidelines approved by the Advisory Committee on Physician Assistants”.

(iii) Subparagraph (H) is amended by striking the phrase “; and” and inserting a semicolon in its place.

(iv) Subparagraph (I) is amended by striking the period at the end and inserting a semicolon in its place.

(v) New subparagraphs (J) and (K) are added to read as follows:

593 “(J) The practice by clinical laboratory practitioners in accordance with
594 guidelines approved by the Advisory Committee on Clinical Laboratory Practitioners; and

595 “(K) The practice of medical radiation technology in accordance with
596 guidelines approved by the Advisory Committee on Medical Radiation Technologists.”.

597 (h) Section 204 (D.C. Official Code § 3-1202.04) is amended as follows:

598 (1) Subsection (a) is amended by striking the phrase “to consist of 11 members”
599 and inserting the phrase “to consist of 13 members” in its place.

600 (2) Subsection (b) is amended as follows:

601 (A) Paragraph (1) is amended to read as follows:

602 “(1) The Board shall regulate the practice of advanced practice registered nursing,
603 registered nursing, practical nursing, and practice by nursing assistive personnel. The Board
604 shall also regulate the practice of nursing home administration, assisted living administration,
605 and home health care administration. Advanced practice registered nursing shall include the
606 categories of certified registered nurse anesthetist, certified nurse-midwife, certified nurse-
607 practitioner, and clinical nurse specialist.”.

608 (B) Paragraph (2) is amended by striking the phrase “nursing schools and
609 nursing programs” and inserting the phrase “nursing education programs” in its place, striking
610 the word “may” and inserting the word “shall” in its place, and striking the phrase “nursing
611 schools and nursing programs.” and inserting the phrase “nursing education programs and
612 training programs for nursing assistive personnel.” in its place.

613 (3) Subsection (c) is amended to read as follows:

614 “(c) Of the members of the Board, 4 shall be registered nurses licensed in the District; 2
615 shall be practical nurses licensed in the District; 1 shall be a nursing home administrator, assisted

616 living administrator, or home health care administrator licensed in the District; 1 shall be a
617 nursing assistive personnel registered or certified in the District; 3 shall be registered nurses,
618 advanced practice registered nurses, practical nurses, or nursing assistive personnel licensed,
619 registered, or certified in the District; and 2 shall be consumer members.”.

620 (i) Section 205 (D.C. Official Code § 3-1202.05) is repealed.

621 (j) Section 206 (D.C. Official Code § 3-1202.06) is repealed.

622 (k) Section 207 (D.C. Official Code § 3-1202.07)) is amended as follows:

623 (1) Subsection (f) is amended to read as follows:

624 “(f) Upon application, the Board shall grant certification to administer diagnostic
625 pharmaceutical agents and prescribe therapeutic pharmaceutical agents to applicants who have
626 satisfied the requirements of the Board in accordance with the rules promulgated by the Mayor.”.

627 (2) Subsection (g) is repealed.

628 (l) Section 208 (D.C. Official Code § 3-1202.08) is amended as follows:

629 (1) Subsection (b) is amended as follows:

630 (A) Paragraph (1) is amended to read as follows:

631 “(1) The Board shall regulate the practice of pharmacy, the practice of
632 pharmaceutical detailing, and the practice of pharmacy technicians.”.

633 (2) Paragraph (1A) is repealed.

634 (2) Subsection (c) is amended by striking the phrase “2 shall be consumer
635 members.” and inserting the phrase “,1 shall be a pharmacy technician registered in the District,
636 and 1 shall be a consumer member.” in its place.

637 (3) Subsection (f) is amended by striking the phrase “and only pursuant to a
638 written protocol and valid prescription or standing order of a physician”.

639 (4) Subsection (g) is repealed.

640 (5) Subsections (i) through (m) are repealed.

641 (m) Section 209 (D.C. Official Code § 3-1202.09)) is repealed.

642 (n) Section 210 (D.C. Official Code § 3-1202.10)) is repealed.

643 (o) Section 212(c) (D.C. Official Code § 3-1202.12(c)) is amended to read as follows:

644 “(c) Of the members of the Board, 4 shall be social workers licensed in the District, with
645 the following additional requirements: 3 of the 4 shall be any combination of licensed graduate
646 social workers, licensed independent social workers, and licensed independent clinical social
647 workers, while the remaining 1 social worker may be from any of the 4 categories of social
648 worker established by title VIII; and 1 shall be a consumer member.”.

649 (p) Section 213 (D.C. Official Code § 3-1202.13) is amended as follows:

650 (1) Subsection (a) is amended by striking the number “5” and inserting the
651 number “7” in its place.

652 (2) Subsection (b) is amended by striking the phrase “and addiction counseling.”
653 and replacing it with the phrase “addiction counseling, dance therapy, and marriage and family
654 therapy.”.

655 (3) Paragraph (d) is amended to read as follows:

656 “(d) Of the members of the Board, 3 shall be professional counselors licensed in
657 the District, 1 shall be a professional art therapist licensed in the District who may also be a
658 licensed professional counselor, 1 shall be a marriage and family therapist licensed in the
659 District, 1 shall be a professional counselor, a professional art therapist, a marriage and family
660 therapist, or an addiction counselor licensed or certified in the District, and 1 shall be a consumer
661 member. Of the members who are licensed professional counselors, 1 shall be an educator

engaged in teaching counseling and one shall have at least 3 years of experience in the field of addiction counseling.”.

(q) Section 214 (D.C. Official Code § 3-1202.14) is amended as follows:

(1) Subsection (b) is amended by striking the word “therapy” and inserting the word “care” in its place.

(2) Subsection (c) is amended to read as follows:

“(c) Of the members of the Board, 3 shall be respiratory care practitioners licensed in the District, 1 shall be either a physician with knowledge and experience in the practice of respiratory care or a respiratory care practitioner, licensed in the District, and 1 shall be a consumer member.”.

(r) Section 216 (D.C. Official Code § 3-1202.16) is repealed.

(s) Section 217 (D.C. Official Code § 3-1202.17) is repealed.

(t) Section 218 (D.C. Official Code § 3-1202.18) is repealed.

(u) A new section 218a is added to read as follows:

“Sec. 218a. Board of Rehabilitative Therapies.

“(a) There is established a Board of Rehabilitative Therapies to consist of 11 members appointed by the Mayor with the advice and consent of the Council.

“(b) The Board shall regulate the practice of audiology, occupational therapy, physical therapy, recreational therapy, and speech-language pathology. The Board shall also regulate practice by audiology assistants, occupational therapy assistants, physical therapist assistants, speech-language pathology assistants, and speech-language pathology clinical fellows.

“(c) Of the members of the Board, 3 shall be physical therapists or physical therapist assistants licensed in the District, 2 shall be occupational therapists or occupational therapy

assistants licensed in the District, 2 shall be audiologists or speech-language pathologists licensed in the District, 1 shall be a recreational therapist licensed in the District, 2 shall be consumer members, and 1 shall be from any of the following professional categories: audiologist, audiology assistant, physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant, recreational therapist, speech-language pathologist, or speech-language pathology assistant; provided that the member is licensed or registered in the District in the relevant profession.

“(d) Of the members initially appointed under this section, 3 shall be appointed for a term of 1 year, 4 shall be appointed for a term of 2 years, and 4 shall be appointed for a term of 3 years. The terms of the members first appointed shall begin on the date that a majority of the first members are sworn in, which shall become the anniversary date for all subsequent appointments.”.

(v) Section 302(12) (D.C. Official Code § 3-1203.02(12)) is amended by striking the phrase “, except the Mayor may provide for the issuance of temporary licenses to applicants for licensure to practice social work and marriage and family therapy for a period not to exceed 1 year, and to applicants for licensure to practice as anesthesiologist assistants for a period not to exceed 2 years”.

(w) Section 401(b)(2) (D.C. Official Code § 3-1204.01(b)(2)) is amended by striking the phrase “the trauma technologist member initially appointed to the Advisory Committee on Trauma Technologists,” and inserting the phrase “the trauma technologist member initially appointed to the Advisory Committee on Trauma Technologists, the athletic trainers initially appointed to the Advisory Committee on Athletic Trainers, the certified professional midwives and the doula initially appointed to the Advisory Committee on Maternal Care Professionals, the

practitioners of medical radiation technology initially appointed to the Advisory Committee on Medical Radiation Technologists,” in its place.

(x) Section 404(b) (D.C. Official Code § 3-1204.04(b)) is amended to read as follows:

“(b) The failure of a member of a board or advisory committee to attend at least 1/2 of the regular, scheduled meetings of a board or advisory committee within a 12-month period shall constitute neglect of duty. The Mayor may remove a member of a board or advisory committee for such neglect of duty without a hearing.”.

(y) Section 405 (D.C. Official Code § 3-1204.05) is amended by adding a new subsection (a-1) to read as follows:

“(a-1) Each board and advisory committee may elect a vice chairperson from among its members.”.

(z) Section 408 (D.C. Official Code § 3-1204.08) is amended as follows:

(1) Paragraph (2) is amended by striking the word “licenses” and inserting the phrase “a license, registration, and certification” in its place.

(2) Paragraph (4) is amended by striking the word “licenses” and inserting the phrase “licenses, registrations, or certifications” in its place.

(aa) Add a new section 413 to read as follows:

“Sec. 413. Immunity.

“A person who is a member of a board, staff supporting a board, or a legally authorized agent of a board acting without malice and in the furtherance of their duties is not civilly liable

for investigating, prosecuting, participating in a hearing, or otherwise acting on an allegation of a ground for board action.”.

(bb) The title of Title V is amended to read as follows:

“TITLE V.
“LICENSING, REGISTRATION, CERTIFICATION, OR APPROVAL REQUIRED.”

(cc) Section 501 (D.C. Official Code § 3-1205.01) is amended as follows:

(1) The title of the section is amended to read as follows:

“Sec. 501. License, registration, certification, or approval required.”.

(2) Subsection (a) is amended as follows:

(A) Paragraph (1) is amended to read as follows:

“(1) A license issued pursuant to this act is required to practice acupuncture, advanced practice registered nursing, assisted living administration, audiology, cardiovascular-interventionist technology, chiropractic, certified midwifery, certified professional midwifery, computed tomography technology, cytotechnology, dental hygiene, dentistry, dietetics and nutrition, health services psychology, general applied psychology, histotechnology, home health care administration, magnetic resonance technology, mammography, marriage and family therapy, massage therapy, medical laboratory technology, medicine, naturopathic medicine, nuclear medicine technology, nursing home administration, occupational therapy, optometry, pharmaceutical detailing, pharmacy, physical therapy, podiatry, practical nursing, professional art therapy, professional counseling, radiography, recreational therapy, registered nursing, respiratory care, social work, speech-language pathology, ultrasound technology or sonography, veterinary medicine, or to practice as an anesthesiologist assistant, athletic trainer, graduate marriage and family therapist, graduate professional art therapist, physician assistant, physical therapist assistant, polysomnographic technologist, occupational therapy assistant, radiation

therapist, radiologist assistant, surgical assistant, or as a trauma technologist in the District,
except as otherwise provided in this act.”.

(B) Paragraph (2) is amended to read as follows:

“(2) Registration is required to practice as an audiology assistant, dance therapist,
dental assistant, histologic technician, medical laboratory technician, phlebotomist, psychology
associate, polysomnographic technician or trainee, school psychologist, speech-language
pathology assistant, or speech-language pathology clinical fellow.

(C) New paragraphs (6) and (7) are added to read as follows:

“(6) A registration or certification required pursuant to section 907, or
rules promulgated pursuant to such authority, is required for any person to engage in the role or
function of nursing assistive personnel in the District.

“(7) Approval by the Board of Nursing is required to operate nursing
education programs and training programs for nursing assistive personnel in the District.”

(dd) Section 502(a) (D.C. Official Code § 3-1205.02(a)) is amended as follows:

(1) Paragraph (2) is amended to read as follows:

“(2) To an individual employed by the federal government, while he or she is
acting in the official discharge of the duties of employment in the District;”.

(2) Paragraph (3) is amended to read as follows:

“(3) To an individual, licensed, registered, or certified to practice a health
occupation in a state, who is providing care to an individual, an animal, or group for a limited
period of time, based on the following circumstances:

776 “(A) The individual has been providing care to the individual, animal, or
777 group (“client or patient”) located in a state and is accompanying the client or patient into the
778 District for a visit not exceeding 30 days;

779 “(B) The individual is called from a state in professional consultation by
780 or on behalf of a specific patient or client to visit, examine, treat, or provide advice regarding the
781 specific patient or client in the District; or

782 “(C) The individual is invited to give a demonstration of a procedure or
783 clinic in the District; provided, that the individual engages in the provision of care, consultation,
784 demonstration, or clinic in affiliation with a comparable health professional licensed, registered,
785 or certified pursuant to this act;”.

786 (3) Paragraph (3A) is amended by striking the phrase “retained to testify as an
787 expert witness” and inserting the phrase “retained to assess or evaluate a subject and testify as an
788 expert witness” in its place.

789 (ee) Section 503 (D.C. Official Code § 3-1205.03) is amended as follows:

790 (1) Subsection (a) is amended as follows:

791 (A) Paragraph (3) is amended by striking the phrase “and subchapters VI,
792 VII, VIII and VIII-A” and inserting the phrase “and subchapters VI, VII, VIII, VIII-A, VIII-B,
793 VIII-C, VIII-D, VIII-E, VIII-F, and VIII-G” in its place.

794 (B) Paragraph (4) is amended by striking the word “and” at the end.

795 (C) Paragraph (5) is amended by striking the period at the end and
796 inserting a semicolon in its place.

797 (D) New paragraphs (6) and (7) are added to read as follows:

798 “(6) Has not had a license, registration, or certification to practice a health
799 occupation revoked or suspended in another state if:

800 “(A) The basis of the license revocation or suspension would have
801 caused a similar result in the District; and

802 “(B) The revocation or suspension has not been terminated or the
803 applicant’s license has not been restored to good standing in the relevant state; and

804 “(7) Is not currently the subject of a pending disciplinary action regarding
805 the individual’s right to practice in another state.”.

806 (2) Subsection (c) is repealed.

807 (3) Subsection (d) is amended by striking the phrase “and subchapters VI, VII,
808 VIII and VIII-A” and inserting the phrase “and subchapters VI, VII, VIII, VIII-A, VIII-B, VIII-
809 C, VIII-D, VIII-E, VIII-F, and VIII-G” in its place.”.

810 (ff) Section 504 (D.C. Official Code § 3-1205.04) is amended as follows:

811 (1) Subsection (b) is amended by striking the phrase “Board of Chiropractic”
812 wherever it appears and inserting the phrase “Board of Medicine” in its place.

813 (2) Subsection (d-2) is amended by striking the phrase “completed a minimum of
814 500 hours of training in massage therapy.” and inserting the phrase “completed the training in
815 massage therapy required pursuant to rules promulgated by the Mayor.” in its place.

816 (3) Subsection (f)(1) is amended by striking the phrase “Board of Long-Term
817 Care Administration” and inserting “Board of Nursing” in its place.

818 (4) Subsection (g) is amended as follows

819 (A) Paragraph (1) is amended by striking the phase “Board of
820 Occupational Therapy” and inserting the phrase “Board of Rehabilitative Therapies” in its place.

(B) Paragraph (2)(A) is amended by striking the phrase “Board of Occupational Therapy” and inserting the phrase “Board of Rehabilitative Therapies” in its place.

(5) Subsection (j) is amended by striking the phrase “physical therapy assistant” wherever it appears and inserting the phrase “physical therapist assistant” in its place and by striking the phrase “Board of Physical Therapy” wherever it appears and inserting the phrase “Board of Rehabilitative Therapies” in its place.

(6) Subsection (l) is amended by striking the phrase “Board of Podiatry” and inserting the phrase “Board of Medicine” in its place.

(7) Subsection (o) is repealed.

(8) Subsection (p) is amended by striking the phrase “respiratory therapy” and inserting the phrase “respiratory care” in its place and by striking the phrase “Board of Respiratory Therapy” and inserting the phrase “Board of Respiratory Care” in its place.

(9) Subsection (t) is amended as follows:

(A) Paragraph (1) is amended by striking the word “midwifery” and inserting the phrase “certified professional midwifery” in its place.

(B) Paragraph (2) is amended by striking the word “midwifery” and inserting the phrase “certified professional midwifery” in its place.

(gg) Section 505 (D.C. Official Code § 3-1205.05) is amended as follows:

(1) Subsection (b) is amended by adding the sentence “An individual who does not have a social security number shall submit with the application a sworn affidavit, under penalty of perjury, stating that he or she does not have a social security number.” at the end.

(2) New subsections (c), (d), and (e) are added to read as follows:

843 “(c) While a post office box may be provided as the preferred mailing address, an
844 applicant shall provide their actual physical residential or business address for the record.

845 “(d) An applicant shall have the burden of establishing that they meet the
846 requirements for the license, registration, or certification sought.

847 “(e) Any document or information required by this act or a rule issued pursuant to
848 this act to be submitted for the issuance or renewal of a license, registration, or certification may
849 be submitted in electronic form in accordance with rules established by the Mayor.”.

850 (hh) Section 507 (D.C. Official Code § 3-1205.07) is amended by adding a new
851 subsection (c) to read as follows:

852 “(c) The Mayor may issue rules establishing standards and requirements by which a
853 board may assess and determine that an endorsement applicant possesses current competency
854 substantially equivalent to the competency standards required in the District notwithstanding that
855 the applicant may not have been licensed, registered, certified, or accredited by an accrediting
856 association or a state board under the standards that were substantially equivalent to the District’s
857 standards at the time of the licensure, registration, certification, or accreditation.”.

858 (ii) Section 508a (D.C. Official Code § 3-1205.08a) is amended to read as follows:

859 “Sec. 508a. Temporary license, registration, or certification.

860 “(a) A board may, in situations established by the Mayor through rule, such as the
861 existence of a public health emergency, issue a temporary license, registration, or certification
862 for a health care profession to an applicant if the applicant is licensed, registered, or certified and
863 in good standing in another jurisdiction to practice the same profession.

864 “(b) A temporary license, registration, or certification issued pursuant to this section shall
865 be valid for a fixed period of time established by the issuing board, subject to such limits as may
866 be established by the Mayor by rule.

867 “(c) For the purposes of this section, the term “in good standing” means that the applicant
868 has an active license and is not subject to any current public or private discipline, including
869 probation, suspension, revocation, or any other public or private practice restriction.

870 “(d) An applicant who previously held a license, registration or certification in the
871 District that was revoked or suspended shall be not eligible for a temporary license, registration,
872 or certification under this section.”.

873 (jj) Subsection 509(a)(2) (D.C. Official Code § 3-1205.09(a)(2)) is repealed.

874 (kk) Section 509a (D.C. Official Code § 3-1205.09a) is amended as follows:

875 (1) Subsection (a) is amended by striking the phrase “the Board” and inserting the
876 phrase “the Board of Medicine (“the Board”)” in its place.

877 (2) Subsection (b) is amended by striking the phrase “in any single year” and
878 inserting “in any single calendar year” in its place.

879 (3) Subsection (e)(4) is amended to read as follows:

880 “(4) All initial applicants shall pay a license fee of a minimum of \$ 500.”.

881 (4) Subsection (g)(2) is amended by striking the phrase “a fee of \$ 1,000,” and
882 inserting the phrase “a minimum fee of \$ 1,000,” in its place.

883 (ll) Section 510 (D.C. Official Code § 3-1205.10) is amended as follows:

884 (1) Subsection (a) is amended to read as follows:

885 “(a) The term of a license, registration, or certification shall not exceed 2 years;
886 except that the Mayor, by rule, may provide for a period of licensure, registration, or certification

of not more than 3 years. An expiring license, registration, or certification may be renewed in accordance with rules issued by the Mayor.”.

(2) A new subsection (a-1) is added to read as follows:

“(a-1) The Mayor may require a health professional to maintain the required qualifications for licensure, registration, or certification during the period of licensure, registration or certification or for the renewal of the license, registration, or certification.”.

(3) Subsection (b)(1) is repealed.

(4) Subsection (c) is amended as follows:

(A) The lead-in language is amended by striking the phrase “by first class mail” and inserting the phrase “by first class mail or electronic mail” in its place.

(B) Paragraph (2) is amended by striking the phrase “issued and mailed” and inserting the word “issued” in its place.

(5) Subsection (d)(2) is amended by striking the semicolon and inserting the phrase “pursuant to applicable provisions or rules promulgated under this act;” in its place.

(mm) Section 511 (D.C. Official Code § 3-1205.11) is amended as follows:

(1) Subsection (a) is amended by striking “on inactive status.” and inserting the phrase “on inactive status; provided that, the license, registration, or certification of the following health professionals shall not be eligible to be placed in inactive status: a nursing assistive personnel, a medical training licensee, a medical training registrant, a polysomnographic technician, a polysomnographic trainee, a speech-language pathology clinical fellow, or any other professional subject to this limitation by rulemaking.”.

(2) Subsection (c) is amended to read as follows:

909 “(c) Each board shall, subject to limitations specified in paragraph (a), issue a
910 license, registration, or certification to an individual who is on inactive status and who desires to
911 resume the practice of a health occupation if the individual:

912 “(1) Pays the fee established by the Mayor;

913 “(2) Seeks reactivation of the license, registration, or certification in
914 accordance with the rules governing the profession and complies with the continuing education
915 and criminal background check requirements in effect when the licensee, registrant, or person
916 certified seeks to reactivate the license, registration, or certification; and

917 “(3) Establishes to the satisfaction of the board that regulates the
918 profession that they possess the current competency to practice their health profession safely and
919 effectively, which may include compliance with a re-entry plan for individuals who have not
920 actively practiced their profession for a period of time as established by regulation.”.

921 (3) A new subsection (d) is added to read as follows:

922 “(d) The Mayor may establish by rules a maximum amount of time that a license,
923 registration, or certification may remain inactive in accordance with each professional standard.”.

924 (nn) A new section 511a is added to read as follows:

925 “Sec. 511a. Emeritus status.

926 “(a) For the purposes of this section, an emeritus status license, registration, or
927 certification permits the holder of the status to refer to themselves by the title of their license,
928 registration, or certification but does not permit the holder to engage in the practice within the
929 scope of the license, registration, or certification.

930 “(b) The Mayor may issue rules permitting emeritus status for a licensee, registrant, or
931 certificate holder meeting the following requirements:

932 “(1) The person has at least 10 years of relevant licensed, registered, or certified
933 practice in the District;

934 “(2) The person provides a declaration of retirement from active practice in all
935 jurisdictions in which the person is licensed, registered, or certified;

936 “(3) The person is not the subject of disciplinary action in any jurisdiction; and

937 “(4) The person has had no prior revocation or suspension of their license,
938 registration, or certification in any jurisdiction.

939 “(c) During the time that a person remains in emeritus status in a health profession, they
940 may not engage in active practice of that health profession in any jurisdiction.

941 “(d) An emeritus status holder may refer to themselves by the title of their license,
942 registration, or certificate but shall not, in any explicit or implied manner, hold themselves out to
943 others as a person permitted to engage in active practice of that profession.

944 “(e) The board may cancel an emeritus license, registration, or certificate for failure to
945 meet the requirements of subsections (b), (c), and (d) of this section.

946 “(f) The board may take disciplinary action against an emeritus status holder for violation
947 of section 501 or 514 of the District of Columbia Health Occupations Revision Act of 1985,
948 effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1205.01 or 3.1205.14).

949 “(g) An emeritus status holder may apply to change to an active license, registration, or
950 certification status within 5 years after the date emeritus status was granted by:

951 “(1) Paying the fee established by the Mayor;

952 “(2) Complying with the continuing education requirements in effect when the
953 emeritus holder seeks to return to active license, registration, or certification status;

954 “(3) Complying with any other current requirements for the reactivation of a
955 license, registration, or certification; and

956 “(4) Establishing to the board’s satisfaction that they possess the current
957 competency to practice their health profession.

958 “(h) An emeritus status holder may not return to active license, registration, or
959 certification more than 5 years after the grant of the emeritus status except by submitting an
960 application for a new license, registration, or certification and establishing to the satisfaction of
961 the board that they qualify for the license, registration, or certification and possess current
962 competency to practice that profession.”.

963 (oo) Section 512 (D.C. Official Code § 3-1205.12) is amended as follows:

964 (1) Subsection (a) is amended as follows:

965 (A) The lead-in language to subsection (a) is amended to read as follows

966 “(a) If a health professional fails for any reason to renew the license, registration, or
967 certification issued under this title prior to the expiration or during the period of late renewal, the
968 board regulating the health occupation shall reinstate the license, registration, or certification,
969 except as provided in subsections (b), (c), and (d), if the health professional:”.

970 (B) Paragraph (2) is amended to read as follows:

971 “(2) Complies with the current requirements for reinstatement of a license,
972 registration, or certification as specified by rules;”.

973 (2) Subsection (b) is amended to read as follows:

974 “(b) The board shall not reinstate the license, registration, or certification of a health
975 professional who fails to apply for reinstatement of a license, registration, or certification within
976 5 years after the license, registration, or certification expires. The health professional may

977 become licensed, registered, or certified by meeting the requirements for a new application
978 specified by rulemaking.”.

979 (4) New subsections (c) and (d) are added to read as follows:

980 “(c) Any individual who has not been in the active practice of his or her health profession
981 for more than 2 years preceding the date of the reinstatement application may be required,
982 pursuant to relevant rules, to submit proof satisfactory to the board of their competency to
983 practice, which may include training, testing, or practice monitoring as determined by the board.

984 “(d) A registration or certification of any nursing assistive personnel that has expired and
985 is not renewed may not be reinstated except as may be provided in rules issued by the Mayor.”.

986 (pp) Section 513(a)(4) (D.C. Official Code § 3-1205.13(a)(4)) is amended as follows:

987 (1) Subparagraph (A) is amended to read as follows:

988 “(A) Change of email address, address of the place of residence, or
989 address of the place of business or employment within 30 days after the relevant change;”.

990 (2) Subparagraph (C) is amended to read as follows:

991 “(C) Adverse event meeting the requirements of section 9 of the Health-
992 Care and Community Residence Facility Hospice and Home Care Licensure Act of 1983,
993 effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code § 44-508), within the time
994 specified by law.”.

995 (qq) Section 514 (D.C. Official Code § 3-1205.14) is amended as follows:

996 (1) Subsection (a) (D.C. Official Code § 3-1205.14(a)) is amended as follows:

997 (A) The lead-in language is amended by striking the phrase “, an applicant
998 to establish or operate a school of nursing or nursing program,”.

999 (B) Paragraph (3) is amended to read as follows:

1000 “(3) Is disciplined by a licensing, disciplinary, or regulatory authority,
1001 professional interstate compact, or peer review body, has entered into a Corporate Integrity
1002 Agreement or other agreement with the federal government in lieu of legal sanction, or is
1003 convicted or disciplined by a court of any jurisdiction for conduct that would be grounds for
1004 disciplinary action under this section; for the purposes of this paragraph, the term "convicted"
1005 means the entry of a finding of guilt by a judge or jury, or the acceptance or entry of a guilty
1006 plea, a judgment, or any admission of guilt, including a plea of nolo contendere, an Alford plea,
1007 deferred sentence, or deferred judgment;”.

1008 (C) Paragraph (19) is amended to read as follows:

1009 “(19) Prescribes, dispenses, takes, acquires, appropriates for one’s own or
1010 another’s use, or administers drugs when not authorized to do so;”.

1011 (D) Paragraph (20) is amended to read as follows:

1012 “(20) Fails to exercise appropriate supervision over persons who are authorized to
1013 practice only under the supervision of the licensee, registrant, or certificate holder;”.

1014 (E) Paragraph (25) is amended by striking the phrase “, or fails to conduct
1015 business with honesty and fair dealing with employees or students in his or her school of nursing
1016 or nursing program, the District of Columbia, a state, the federal government, or the public”.

1017 (F) A new paragraph (26A) is added to read as follows:

1018 “(26A) Performs treatments or services without informed consent by the patient,
1019 client, or his or her legal representative, except as provided under section 1 of An Act to relieve
1020 physicians of liability negligent medical treatment at the scene of an accident in the District of
1021 Columbia, approved November 8, 1965 (79 Stat. 1302; D.C. Official Code § 7-401);”.

1022 (G) Paragraph (27) is amended by striking the phrase “negotiated
1023 settlement” and inserting the phrase “negotiated settlement agreement” in its place.

1024 (H) Paragraph (30) is amended by striking the semicolon and inserting the
1025 phrase “, or without the withdrawing health professional providing a referral or list of alternative
1026 providers;” in its place.

1027 (I) A new paragraph (30A) is added to read as follows:

1028 “(30A) Neglects or verbally or physically abuses a patient or client; for the
1029 purposes of this subsection the term “verbal abuse” includes yelling, screaming, shouting,
1030 threats, intimidation, insulting, or name calling by the health professional or his or her staff;”.

1031 (J) Paragraph (32) is amended by striking the phrase “HIV positive;” and
1032 inserting the phrase “HIV positive or is regarded as HIV positive;” in its place.

1033 (K) Paragraph (51) is amended by striking the word “or” at the end.

1034 (L) Paragraph (52) is amended by striking the period at the end and
1035 inserting a semicolon in its place.

1036 (M) New paragraphs (53), (54), and (55) are added to read as follows:

1037 “(53) Engages in conduct in his or her practice that is unprofessional or
1038 creates a deleterious impact on the public’s impression of the profession, or that denies a patient
1039 or client an atmosphere of safety and health while undergoing treatment;

1040 “(54) Allows staff or persons under their supervision or employment to
1041 engage in conduct that is unprofessional in their interaction with patients or clients; or

1042 “(55) Fails to maintain the minimum requirements for licensure,
1043 registration, or certification during the period of licensure, registration or certification.”.

1044 (2) Subsection (c) (D.C. Official Code § 3-1205.14(c)) is amended as follows:

1045 (A) Paragraph (1) is amended by striking the phrase “or an application to
1046 establish a school of nursing or nursing program”.

1047 (B) Paragraph (4) is amended by striking the semicolon and inserting the
1048 phrase “; provided that the reprimand may subsequently be removed from the individual’s record
1049 upon approval by the board as authorized by rule;” in its place.

1050 (C) Paragraph (7) is amended by striking the word “or” at the end.

1051 (D) Paragraph (8) is amended by striking the period at the end and
1052 inserting the phrase “; or” in its place.

1053 (E) A new paragraph (9) is added to read as follows:

1054 “(9) Limit or restrict the practice of the person.”.

1055 (rr) New sections 514a and 514b are added to read as follows:

1056 “Sec. 514a. Negotiated settlement agreement.

1057 “(a) A board may, in its discretion, enter into a non-disciplinary settlement agreement
1058 with a person in lieu of disciplinary action; provided that the conduct underlying the agreement
1059 meets the following requirements:

1060 “(1) The board is satisfied that there is little or no harm or substantive possibility
1061 of future harm to a client, patient, or the public;

1062 “(2) The board determines that the conduct involves issues of minor concern; and

1063 “(3) The matter does not involve gross negligence, intentional misconduct, or
1064 criminal conduct by the party or entity.

1065 “(b) A non-disciplinary settlement agreement shall not constitute a disciplinary action,
1066 but the conduct underlying the agreement may be considered in the board’s review of future
1067 conduct of a similar nature.”

1068 “Sec. 514b. Disciplinary or adverse action against nursing education or nursing assistive
1069 personnel training programs.

1070 “(a) The Board of Nursing, subject to the right to a hearing provided by this title, may
1071 deny or withdraw approval of a nursing education program or a nursing assistive personnel
1072 training program for any of the following:

1073 “(1) The program fails to meet the standards established by the Mayor through
1074 rulemaking;

1075 “(2) The program, or an individual responsible for the program, fails to conduct
1076 its business with honesty and fair dealing toward its employees, its students, the government, and
1077 the public;

1078 “(3) The program, or an individual responsible for the program, has engaged or
1079 attempted to engage in falsification of documents or records;

1080 “(4) The program, or an individual responsible for the program, fraudulently or
1081 deceptively obtains or attempts to obtain approval of a program; or

1082 “(5) The program, or an individual responsible for the program, has violated any
1083 applicable District law or regulation.”.

1084 (ss) Section 517(b) (D.C. Official Code § 3-1205.17(b)) is amended by striking the
1085 phrase “revoking or suspending the license,” and inserting the phrase “revoking, suspending, or
1086 accepting the surrender of the license,” in its place.

1087 (tt) Section 519 (D.C. Official Code § 3-1205.19) is amended as follows:

1088 (1) A new subsection (a-2) is added to read as follows:

1089 “(a-2) Before the Board of Nursing takes an action pursuant to section 514b, it
1090 shall give the program or operator of the program an opportunity for a hearing before the Board
1091 in accordance with this section.”.

1092 (2) Subsection (b) is amended by striking the phrase “or person certified” and
1093 inserting the phrase “person certified, or person or entity operating a nursing education or
1094 nursing assistive personnel training program” in its place.

1095 (uu) Section 522(a) (D.C. Official Code § 3-1205.22(a)) is amended to read as follows:

1096 “(a) Subject to the limitations in section 514(f), and except in granting a temporary
1097 nursing assistive personnel registration or certification to an applicant under 18 but at least 16
1098 years of age pursuant to section 907(b), no initial, reactivated, or reinstated license, registration,
1099 or certification shall be issued to a health professional before a criminal background check has
1100 been conducted for that person. The applicant for a license, registration, or certification shall pay
1101 the fee established by the Mayor for the criminal background check. The Mayor may also
1102 require, by rule, that a criminal background check be conducted for the renewal of a license,
1103 registration, or certification, and the Mayor may establish, by rule, a fee for such criminal
1104 background check.”.

1105 (vv) A new section 525 is added to read as follows:

1106 “Sec. 525. Disciplinary records.

1107 “(a) Disciplinary records include:

1108 “(1) Complaints;

1109 “(2) Reports by employers of negative actions;

1110 “(3) Investigative reports;

1111 “(4) Medical records;

1112 “(5) Personnel records;

1113 “(6) Correspondence with the licensee, registrant, certificate holder, and other

1114 individuals involved in an investigation or complaint;

1115 “(7) Correspondence from the National Practitioners Data Bank;

1116 “(8) Correspondence from the Department of Health and Human Services about

1117 insurance exclusion;

1118 “(9) Minutes of any board action regarding the specific licensee, registrant,

1119 certificate holder or applicant;

1120 “(10) Notices of Intent to take Disciplinary Action or to Deny a License;

1121 “(11) Letters of Concern;

1122 “(12) Negotiated Settlement Agreements;

1123 “(13) Orders to Answer;

1124 “(14) Orders for Fitness to Practice Evaluations or other physical or mental

1125 examinations;

1126 “(15) Reports or correspondence from any monitoring entities;

1127 “(16) Consent Orders;

1128 “(17) Recommended Orders and Final Orders; and

1129 “(18) Notices of Summary Suspension.

1130 “(b) Consent Orders, Final Orders, and Notices of Summary Suspensions shall be public

1131 documents, posted on the Department of Health website and, if applicable, reported to the

1132 National Practitioner's Data Bank.

1133 “(c) Medical records, Orders for Fitness to Practice Evaluations, or other types of

1134 physical and mental evaluations, and the resulting reports, shall be exempt from disclosure under

1135 the Freedom of Information Act of 1976, effective March 31, 1977 (D.C. Law 1-96; D.C.
1136 Official Code § 2-531 *et seq.*).

1137 “(d) Notwithstanding the provisions of any other law, the Director of the Department of
1138 Health may provide information regarding a past or pending investigation of or disciplinary
1139 action against any licensee, registrant, or certificate holder, or applicant for licensure,
1140 registration, or certification by that board to any District licensing authority or a licensing
1141 authority of any jurisdiction, upon request. This authorization shall not apply to information
1142 that is confidential pursuant to subsection (c) of this section. Nothing in this act shall limit the
1143 authority of the Director to disclose to any person or entity information concerning the existence
1144 of any investigation for unlicensed practice being conducted against any person who is neither
1145 licensed, registered, or certified, nor an applicant for licensure, registration, or certification.”.

1146 (ww) Section 601(a) (D.C. Official Code § 3-1206.01(a)) is amended by striking the
1147 phrase “by this title.” and inserting the phrase “by this title and any rules promulgated pursuant
1148 to this title.”.

1149 (xx) Section 603 (D.C. Official Code § 3-1206.03) is repealed.

1150 (yy) Subsection 604(4) (D.C. Official Code § 3-1206.04(4)) is amended by striking the
1151 word “board” and inserting the word “Mayor” in its place.

1152 (zz) A new section 605a is added to read as follows:

1153 “Sec. 605a. Certified registered nurse anesthetist.

1154 “In addition to the general functions specified in § 604, a certified registered nurse
1155 anesthetist may plan and deliver anesthesia, pain management, and related care to patients or
1156 clients of all health complexities across the lifespan.”.

1157 (aaa) A new section 606a is added to read as follows:

1158 “Sec. 606a. Certified nurse-midwife.

1159 In addition to the general functions specified in section 604, a certified nurse-midwife
1160 may provide primary care, gynecologic and family planning services, preconception care, care
1161 during pregnancy, childbirth, and the post-partum period, care of the normal newborn during the
1162 first 28 days of life, and treatment of male partners for sexually transmitted infections.”.

1163 (bbb) New sections 607a and 607b are added to read as follows:

1164 “Sec. 607a. Certified nurse practitioner.

1165 “(a) In addition to the general functions specified in § 604, a certified nurse practitioner
1166 may provide a full range of primary, acute and specialty healthcare services, including:

1167 “(1) Ordering, performing and interpreting diagnostic tests such as lab work and
1168 x-rays;

1169 “(2) Diagnosing and treating acute and chronic conditions such as diabetes, high
1170 blood pressure, infections, and injuries;

1171 “(3) Prescribing medications and other treatments;

1172 “(4) Managing patients’ or clients’ overall care;

1173 “(5) Counseling;

1174 “(6) Educating patients on disease prevention and positive health and lifestyle
1175 choices; and

1176 “(7) Any other functions and role as prescribed by rules.”.

1177 “Sec. 607b. Certified clinical nurse specialist.

1178 “(a) In addition to the general functions specified in § 604, a certified clinical nurse
1179 specialist may provide diagnosis, treatment, and ongoing management of patients or clients
1180 related to specific specialties, including:

1181 “(1) Populations (such as pediatrics, geriatrics, women’s health);

1182 “(2) Settings (such as critical care or emergency room);

1183 “(3) Diseases or medical subspecialties (such as diabetes or oncology);

1184 “(4) Types of care (such as psychiatric or rehabilitation); or

1185 “(5) Types of problem (such as pain, wounds, stress).

1186 “(b) The practice of a clinical nurse specialist includes:

1187 “(1) Providing for the continuous improvement of patient or client outcomes and

1188 nursing care;

1189 “(2) Practicing within the core competencies and behaviors specified by the

1190 National Association of Clinical Nurse Specialists or other national certifying body recognized

1191 by the Board;

1192 “(3) Creating therapeutic environments through mentoring and system changes;

1193 “(4) Practicing with individual clients, families, groups, and populations of

1194 clients; and

1195 “(5) Any other functions and roles prescribed by rules.”.

1196 (ccc) A new section 608a is added to read as follows:

1197 “Sec. 608a. Qualifications, certification.

1198 “(a) In addition to the general qualifications for license set forth in title V and any

1199 requirements the Mayor may establish by rule, a certified registered nurse anesthetist shall:

1200 “(1) Be a registered nurse holding a current, valid license pursuant to this act and

1201 be in good standing with no action pending or in effect against his or her license;

1202 “(2) Possess at least a master’s degree from a program accredited by the Council

1203 on Accreditation of Nurse Anesthesia Educational Programs; and

1204 “(3) Successfully complete the National Certification Examination administered
1205 by the National Board of Certification and Recertification for Nurse-Anesthetists (“NBCRNA”)
1206 and hold current NBCRNA certification.

1207 “(b) In addition to the general qualifications for license set forth in title V and any
1208 requirements the Mayor may establish by rule, a certified nurse-midwife shall:

1209 “(1) Be a registered nurse holding a current, valid license pursuant to this act and
1210 be in good standing with no action pending or in effect against his or her license;

1211 “(2) Possess at least a master’s degree from a program accredited by the
1212 Accreditation Commission for Midwifery Education; and

1213 “(3) Successfully complete the certification examination administered by the
1214 American Midwifery Certification Board (“AMBC”) and hold current AMBC certification as a
1215 Certified Nurse-Midwife.

1216 “(c) In addition to the general qualifications for license set forth in title V and any
1217 requirements the Mayor may establish by rule, a certified nurse practitioner shall:

1218 “(1) Be a registered nurse holding a current, valid license pursuant to this act and
1219 be in good standing with no action pending or in effect against his or her license;

1220 “(2) Possess at least a Master of Science in Nursing from a program accredited by
1221 a national nursing organization recognized by the Board of Nursing; and

1222 “(3) Successfully complete a national certification examination administered by a
1223 national nurse practitioner certifying organization recognized by the Board of Nursing and hold a
1224 current certification in the relevant population focus.

1225 “(d) In addition to the general qualifications for license set forth in title V and any
1226 requirements the Mayor may establish by rule, a clinical nurse specialist shall:

1227 “(1) Be a registered nurse holding a current, valid license pursuant to this act and
1228 be in good standing with no action pending or in effect against his or her license;

1229 “(2) Possess at least a Master of Science in Nursing from a program accredited by
1230 a national nursing organization recognized by the Board of Nursing; and

1231 “(3) Successfully complete a national certification examination administered by a
1232 national nurse practitioner certifying organization recognized by the Board of Nursing and hold
1233 current certification in the relevant population focus.”.

1234 (ddd) Section 701 (D.C. Official Code § 3-1207.01) is amended as follows:

1235 (1) Subsection (a) is amended as follows:

1236 (A) The lead-in language is amended by striking the phrase “a dietitian
1237 shall:” and inserting the phrase “a person may qualify for a dietitian-nutritionist license under
1238 this section by:” in its place.

1239 (B) Paragraph (1) is amended by striking the word “Hold” and inserting
1240 the word “Holding” in its place.

1241 (C) Paragraph (2) is amended by striking the word “complete” and
1242 inserting the word “completing” in its place.

1243 (2) Subsection (b) is repealed.

1244 (3) Subsection (c) is amended as follows:

1245 (A) The lead-in language is amended to read as follows:

1246 “(c) Notwithstanding the provisions of paragraph (a) above, a person may qualify for a
1247 dietitian-nutritionist license if, in addition to the general qualifications for licensure set forth in
1248 title V, and any requirements the Mayor may establish by rule, the person:”.

1249 (B) Paragraph (1) is amended by striking the word “Hold” and inserting
1250 the word “Holds” in its place.

1251 (C) Paragraph (2) is amended to read as follows:

1252 “(2) Has successfully completed the Certification Examination for Nutrition
1253 Specialists offered by the Board for Certification of Nutrition Specialists, the Registration
1254 Examination for Dietitians offered by the Commission on Dietetic Registration, or the
1255 Certification Examination for a Diplomate of the American Clinical Board of Nutrition.”.

1256 (4) Paragraph (d) is amended by striking the phrase “dietitian or nutritionist” and
1257 inserting the word “dietitian-nutritionist” in its place.

1258 (eee) A new section 703 is added to read as follows:

1259 “Sec. 703. Consolidation of licenses and transition of previously issued licenses.

1260 “(a) All active dietetic and nutrition licenses issued before the effective date of the Health
1261 Occupations Revision General Amendment Act of 2023 shall, if renewed, be issued upon
1262 renewal as dietitian-nutritionist licenses.

1263 “(B) Any rules regarding dietetic and nutrition licenses and practice that were issued
1264 before the consolidation of the dietetic and the nutrition licenses shall continue to be effective
1265 until amended or rescinded.”.

1266 (fff) Section 710 (D.C. Official Code § 3-1207.10) is amended to read as follows:

1267 “Sec. 710. Qualifications for licensure.

1268 “(a) The Board of Professional Counseling shall license as a professional counselor a
1269 person who, in addition to meeting the requirements of title V and any requirements the Mayor
1270 may establish by rule, has satisfactorily passed the national examination adopted by the Board,
1271 possesses a Master’s degree in counseling or a related subject from an accredited college or

1272 university consisting of at least 60 hours of postgraduate education, and has completed 2 years of
1273 supervised counseling experience.

1274 “(b) The Board of Professional Counseling shall license as a graduate professional
1275 counselor a person who, in addition to meeting the requirements of title V and any requirements
1276 the Mayor may establish by rule, has satisfactorily completed the national examination adopted
1277 by the Board and possesses a Master’s degree in counseling or a related subject from an
1278 accredited college or university, consisting of at least 48 hours of graduate education.

1279 “(c) The Board of Professional Counseling may license, by endorsement, a professional
1280 counselor who, in addition to meeting the requirements of title V and any requirements the
1281 Mayor may establish by rule, is currently licensed in another state in good standing and:

1282 “(1) Has engaged in independent professional counseling practice providing
1283 clinical counseling for at least 5 years pursuant to such license; or

1284 “(2) Has held an independent professional counseling license for at least 3 years
1285 and possesses the National Certified Counseling credential issued by the National Board of
1286 Certified Counselors.”.

1287 (ggg) Section 761 (D.C. Official Code § 3-1207.61) is amended as follows:

1288 (1) The section is amended by striking the phrase “Board of Pharmacy” wherever
1289 it appears and inserting the phrase “Board of Medicine” in its place.

1290 (2) Subsection (c)(1)(A) is amended by striking the phrase “biological sciences
1291 and chemistry” and inserting the phrase “biological sciences or chemistry” in its place.

1292 (3) Subsection (e)(1)(B) is amended by striking the phrase “a regionally
1293 accredited” and inserting the phrase “an accredited” in its place.

(4) Subsection (e)(2) is amended by striking the phrase “blood banking, chemistry,” and inserting the phrase “blood banking, chemistry, hematology,” in its place.

(hhh) Section 763 (D.C. Official Code § 3-1207.63) is amended as follows:

(1) Subsection (a) is amended as follows:

(A) Paragraph (1) is repealed.

(B) Paragraph (6) is amended to read as follows:

“(6) A pathologist or other licensed physician, dentist, podiatrist or doctoral-level scientist who meets the minimum qualifications to serve as a clinical laboratory director as set forth in this act;”.

(C) Paragraph (8) is amended as follows:

(i) Subparagraph (A) is amended as follows:

(I) The lead-in language is amended by striking the phrase “laboratory director” wherever it occurs and inserting the phrase “clinical laboratory director” in its place.

(II) Sub-subparagraph (vi) is amended by striking the phrase “; and” and inserting a semicolon in its place.

(ii) Subparagraph (B) is amended by striking the period at the end and inserting the phrase “; and” in its place.

(iii) A new subparagraph (C) is added to read as follows:

“(C) The testing is restricted to those tests that are waived in accordance with section 353 of the Public Health Service Act, approved December 5, 1967 (81 Stat. 536; 42 U.S.C. §263a).”.

(2) Subsection (b) is amended as follows:

1317 (A) Paragraph (1) is amended as follows:

1318 (i) The lead-in language is amended by striking the phrase

1319 “Laboratory director” and inserting the phrase “Clinical laboratory director” in its place.

1320 (ii) Subparagraph (A) is amended as follows:

1321 (I) The lead-in language is amended by striking the phrase

1322 “A physician or dentist” and inserting the phrase “A physician, dentist, or doctoral-level

1323 scientist” in its place.

1324 (II) Sub-subparagraph (iii) is amended by striking the

1325 phrase “national accrediting board in at least one of the laboratory specialties;” and inserting the

1326 phrase “national accrediting body recognized by the Board;” in its place.

1327 (B) A new paragraph (1A) is added to read as follows:

1328 “(1A) “Medical laboratory” means a laboratory that is authorized to perform

1329 moderate high complexity and point-of-care tests that are deemed non-waived tests in

1330 accordance with section 353 of the Public Health Service Act, approved December 5, 1967 (81

1331 Stat. 536; 42 U.S.C. §263a).”.

1332 (iii) Section 831 (D.C. Official Code § 3-1208.31) is amended as follows:

1333 (1) Subsection (a) is amended by striking the phrase “Marriage and Family

1334 Therapy” and inserting “Board of Professional Counseling” in its place.

1335 (2) Subsection (b)(1) is amended to read as follows:

1336 “(1) A graduate degree in marriage and family therapy from a program accredited

1337 by the Commission on Accreditation for Marriage and Family Therapy Education, or a graduate

1338 degree from a regionally accredited educational institution and an equivalent course of study

1339 consisting of at least 60 semester hours or 90 quarter credits as approved by the Board; and”.

1340 (jjj) Section 841 (D.C. Official Code § 3-1208.41) is amended as follows:

1341 (1) Subsection (a) is amended as follows:

1342 (A) The lead-in language is amended by striking the phrase “Audiology
1343 and Speech-Language Pathology” and inserting the phrase “Rehabilitative Therapies” in its
1344 place.

1345 (B) Paragraph (3) is amended by striking the phrase “supervised
1346 postgraduate professional practice” and inserting the phrase “supervised practice” in its place.

1347 (2) Subsection (b) is amended by striking the phrase “Audiology and Speech-
1348 Language Pathology” and inserting the phrase “Rehabilitative Therapies” in its place.

1349 (3) Subsection (c) is repealed.

1350 (kkk) Section 853 (D.C. Official Code § 3-1208.53) is repealed.

1351 (lll) Section 854 (D.C. Official Code § 3-1208.54) is repealed.

1352 (mmm) Section 871 (D.C. Official Code § 3-1208.71) is amended as follows:

1353 (1) Subsection (a)(1) is amended as follows:

1354 (A) Subparagraph (A) is amended by striking the word “or” at the end.

1355 (B) Subparagraph (B) is repealed.

1356 (C) Paragraph (2) is amended by striking the phrase “direct supervision”
1357 and inserting the phrase “immediate supervision” in its place.

1358 (2) Subsection (b)(1) is amended as follows:

1359 (A) Subparagraph (A) is amended by striking the phrase “; or” and
1360 inserting a period in its place.

1361 (B) Subparagraph (B) is repealed.

(nnn) Section 872 (D.C. Official Code § 3-1208.72) is amended by striking the period at the end and inserting the phrase “, unless further time is granted by the Mayor through rulemaking.” in its place.

(ooo) New titles VIII-F and VIII-G are added to read as follows:

“TITLE VIII-F.
“CATEGORIES AND QUALIFICATIONS REQUIRED FOR THE PRACTICE OF
“PSYCHOLOGY.

“Sec. 881. License and registration requirements.

“(a) No person may practice psychology in the District without one of the following authorizations:

“(1) A health services psychology license, which is required for the practice of psychology as defined in section 102(16)(A);

“(2) A general applied psychology license, which is required for the practice of psychology within the scope of section 102(16)(A)(ii);

“(3) A school psychology registration, which is required for the practice of psychology within the scope of section 102(16)(A)(iii); and

“(4) A psychology associate registration, which is required for the practice of psychology within the scope of section 102(16)(A)(I).

“(b) All active psychology licenses issued before the effective date of the Health Occupations Revision General Amendment Act of 2023 shall, if renewed, be issued upon renewal as health services psychology licenses.

“(c) Notwithstanding subsection (a) of this section, for 24 months after the effective date of the Health Occupations Revision General Amendment Act of 2023, or such longer period of time which may be established by the Mayor through rulemaking, a person who has been

1387 practicing general applied psychology or school psychology before the effective date of the
1388 Health Occupations Revision General Amendment Act of 2023 may continue to practice without
1389 the licensure or registration required pursuant to section 501(a)(1) or (2); provided that such
1390 person applies for the relevant license or registration within 24 months after the effective date of
1391 the Health Occupations Revision General Amendment Act of 2023 .

1392 “Sec. 882. Qualifications.

1393 “(a) An individual applying for a license to practice health services psychology or general
1394 applied psychology shall establish to the satisfaction of the Board of Psychology that the
1395 individual has:

1396 “(1) Earned a doctoral degree in psychology from an accredited college or
1397 university;

1398 “(2) Completed at least 2 years of experience in such areas of practice as shall be
1399 required by the Mayor through rulemaking, at least one year of which shall be postdoctoral
1400 experience.

1401 “(b) An individual applying for a registration to practice school psychology shall meet
1402 such education and training requirements as may be established by the Mayor through
1403 rulemaking.

1404 “(c) An individual applying for registration as a psychology associate shall have
1405 graduated from an accredited college or university with at least a master’s degree based on a
1406 program of studies focusing on psychology, or a program judged by the Board to be substantially
1407 equivalent in subject matter and extent of training to a master’s or doctoral degree in psychology.

1408 “(d) The Mayor may establish by rules additional qualifications for licensure or
1409 registration under this title.

1410 “(e) Individuals currently practicing as general applied psychologists or school
1411 psychologists who do not meet the qualifications of this section shall be eligible for licensure or
1412 registration if they apply for a license or registration within 24 months after the effective date of
1413 the Health Occupations Revision General Amendment Act of 2023.

1414 “Sec. 883. Limitations.

1415 “(a) A registered school psychologist shall not practice psychology as defined under
1416 section 102(16)(A)(i) or (ii) without an authorization required for such practice.

1417 “(b) A psychology associate shall not practice except under the supervision of a licensed
1418 health services psychologist.”.

1419 “TITLE VIII-G.
1420 “CATEGORIES AND QUALIFICATIONS REQUIRED FOR THE PRACTICE OF MEDICAL
1421 “RADIATION TECHNOLOGY.

1422
1423 “Sec. 891. Qualifications for licensure.

1424 “(a) The categories of licensure for the practice of medical radiation technology shall be
1425 as follows:

1426 “(1) Cardiovascular-interventional technologist;

1427 “(2) Computed tomography technologist or radiographer;

1428 “(3) Magnetic resonance technologist;

1429 “(4) Mammographer;

1430 “(5) Nuclear medicine technologist;

1431 “(6) Radiation therapist;

1432 “(7) Radiologist assistant;

1433 “(8) Radiographer; and

1434 “(9) Ultrasound technologist.

1435 “(b) The Board of Medicine shall issue a license to practice medical radiation technology,
1436 in a category established by this subsection to an individual who, in addition to meeting the
1437 requirements of title V. has:

1438 “(1) Graduated from an accredited program in radiologic technology that
1439 incorporates the academic coursework and minimum of hours of supervised clinical training
1440 required by regulations issued by the Mayor and that is accredited by the Joint Review
1441 Committee on Education in Radiologic Technology, or a successor organization, as recognized
1442 by the U.S. Department of Education;

1443 “(2) Passed a national certification examination from a body recognized by the
1444 Board; and

1445 “(3) Met all other requirements established by regulation.

1446 “Sec. 892. Limitations on practice.

1447 “(a) A person licensed under this title may only practice under the supervision of a
1448 licensed physician or a licensed advanced practice registered nurse.

1449 “(b) The practice of a cardiovascular-interventional technologist, computed tomography
1450 technologist, magnetic resonance technologist, mammographer, nuclear medicine technologist,
1451 radiation therapist, radiographer, radiologist assistant, or ultrasound technologist is limited to
1452 those procedures, operations, preparations and practices permitted by regulation.

1453 “Sec. 893. Transition of licensed and registered medical radiation practitioners.

1454 “For a period of one year after the effective date of implementing regulations issued
1455 pursuant to this chapter, unless further time is granted by the Mayor through rulemaking, a
1456 person who has received appropriate training for the tasks assigned may, regardless of licensure
1457 status, practice as a medical radiation practitioner, cardiovascular-interventional technologist,

1458 computed tomography technologist, magnetic resonance technologist, mammographer, nuclear
1459 medicine technologist, radiographer, radiologist assistant, or ultrasound technologist. After a
1460 period of one year, or further time if authorized by the Mayor pursuant to rulemaking, a license
1461 shall be required for any person to work or identify themselves as a medical radiation
1462 practitioner, cardiovascular-interventional technologist, computed tomography technologist,
1463 magnetic resonance technologist, mammography technologist, nuclear medicine technologist,
1464 radiographer, radiologist assistant, or ultrasound technologist.”.

1465 (ppp) Section 902 (D.C. Official Code § 3-1209.02) is amended as follows:

1466 (1) The title of the section is amended by striking the word “recreation”.

1467 (2) Subsection (a) is amended by striking the phrase “or recreation therapy”.

1468 (3) Subsection (b) is amended by striking the phrase “or recreation therapy”.

1469 (4) Subsection (c) is amended by striking the phrases “or recreation therapist” and
1470 “or recreation therapists”.

1471 (qqq) Section 903 (D.C. Official Code § 3-1209.03) is repealed.

1472 (rrr) Section 906 (D.C. Official Code § 3-1209.06) is repealed.

1473 (sss) Section 907 (D.C. Official Code § 3-1209.07) is amended to read as follows:

1474 “Sec. 907. Nursing assistive personnel; registration or certification required.

1475 “(a) A registration or certification is required for a person seeking to practice as nursing
1476 assistive personnel in the District in accordance with the rules established by the Mayor.

1477 “(b) The Mayor shall issue rules pursuant to the District of Columbia Administrative
1478 Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*),
1479 setting forth the standards of education and experience required to qualify as nursing assistive
1480 personnel; provided that notwithstanding the requirement of section 503(a)(3), the Mayor may,

1481 in accordance with rules issued by the Mayor, grant a temporary registration or certification to an
1482 applicant who is at least 16 years of age, who shall be required to apply for and receive a regular,
1483 full registration or certification prior to reaching the age of 18 to continue to practice.”.

1484 (ttt) Section 908 (D.C. Official Code § 3-1209.08) is repealed.

1485 (uuu) Section 909(a)(1) (D.C. Official Code § 3-1209.09(a)(1)) is amended by striking
1486 the phrase “Audiology and Speech-Language Pathology” and inserting the phrase “Rehabilitative
1487 Therapies” in its place.

1488 (vvv) Section 910(a)(2) (D.C. Official Code § 3-1209.10(a)(2)) is amended by striking
1489 the phrase “Audiology and Speech-Language Pathology” and inserting the phrase “Rehabilitative
1490 Therapies” in its place.

1491 (www) Section 911(a)(1) (D.C. Official Code § 3-1209.11(a)(1)) is amended by striking
1492 the phrase “Audiology and Speech-Language Pathology” and inserting the phrase “Rehabilitative
1493 Therapies” in its place.

1494 (xxx) Section 912 (D.C. Official Code § 3-1209.12) is amended as follows:

1495 (1) Subsection (a) is amended to read as follows:

1496 “(a) For the purposes of this section, the word “phlebotomist” means an
1497 individual who withdraws blood by venipuncture or skin puncture for clinical laboratory test
1498 purposes.”.

1499 (2) Subsection (b) is amended to read as follows:

1500 “(b) No person shall practice as a phlebotomist in the District unless the person is
1501 registered with the Board of Medicine.”.

1502 (yyy) A new section 913 is added to read as follows:

1503 “Sec. 913. Doula.

“(a) For the purposes of this section, the word “doula” means an individual certified by the Board of Medicine to provide culturally competent and continuous physical, emotional, and informational support to a birthing parent during pregnancy, labor, birth, and postpartum, including:

“(1) Providing support to pregnant individuals and their families, including surrogates and adoptive parents;

“(2) Conducting prenatal and postpartum visits;

“(3) Accompanying pregnant individuals to health care and social service appointments;

“(4) Connecting individuals to medical, community-based, or government-funded resources, including those addressing social determinants of health; and

“(5) Providing support to individuals following either the loss of pregnancy or birth of a child for up to one year.

“(b) A doula shall not:

“(1) Perform clinical tasks or replace trained licensed medical professionals; or

“(2) Engage in the practice of medicine as defined in section 102(7).”.

(zzz) Section 1003 (D.C. Official Code § 3-1210.03) is amended as follows:

(1) Subsection (a) is amended by striking the word “acupuncturist,” and inserting the phrase “acupuncturist”, “L.Ac.”, in its place.

(2) Subsection (f) is amended by striking the word “dietician/nutritionist” and inserting the word “dietitian-nutritionist” in its place.

(3) Subsection (m-1) is amended by striking the word “therapy” wherever it appears and inserting the word “therapist” in its place.

1527 (4) Subsection (q) is amended to read as follows:

1528 “(q) Unless authorized to practice psychology under this act, a person shall not
1529 use the words or terms “psychology”, “psychologist”, “health services psychologist”, “general
1530 applied psychologist”, “school psychologist”, “psychology associate”, or similar title or
1531 description of services with the intent to represent that the person practices psychology.

1532 (5) Subsection (v) is amended to read as follow:

1533 “(v) Unless authorized to practice massage therapy under this act, a person shall
1534 not use or imply the use of the words or terms “massage therapy”, “therapeutic massage”,
1535 “myotherapy”, “bodyrub”, “licensed massage therapist”, or “licensed massage practitioner”, or
1536 similar title or description of services, or the initials “LMT” or “LMP”, with the intent to
1537 represent that the person practices massage.”.

1538 (6) Subsection (hh) is repealed.

1539 (7) New subsections (ll), (mm), (nn), and (oo) are added to read as follows:

1540 “(ll) Unless authorized to practice certified professional midwifery under this act,
1541 a person shall not use or imply the use of the words or terms “certified professional midwife”,
1542 “licensed midwife”, or any similar title or description of services with the intent to represent that
1543 the person practices midwifery as a certified professional midwife.

1544 “(mm) Unless authorized to practice recreational therapy under this act, a person
1545 shall not use the words or terms “recreational therapy”, “recreational therapist”, “licensed
1546 recreational therapist”, “RT”, “L.R.T.”, “CTRS/L”, “certified therapeutic recreation specialist
1547 licensed,” “registered recreational therapist licensed (RRT/L)”, or any similar title or description
1548 of services with the intent to represent that the person practices recreational therapy.

1549 “(nn) Unless authorized to practice as a doula under this act, a person shall not use
1550 the word or term “doula” or any similar title or description of services with the intent to represent
1551 that the person practices as or provides any type of doula services.

1552 “(oo) Unless authorized to practice medical radiation technology under this act, a
1553 person shall not use or imply the use of the words or terms “cardiovascular-interventional
1554 technologist”, “computed tomography technologist”, “radiographer”, “magnetic resonance
1555 technologist”, “MRI technologist”, “mammography technologist”, “mammographer”, “medical
1556 radiation technologist”, “nuclear medicine technologist”, “radiologist assistant”, “sonographer”,
1557 “ultrasound technologist”, or any similar title or description of service with the intent to
1558 represent that the person practices as a medical radiation technology practitioner.”.

1559 “(aaaa) Section 1204 (D.C. Official Code § 3-1212.04) is amended by striking the word
1560 “therapy” wherever it appears and inserting the word “therapist” in its place.

1561 “(eeee) Section 1205 (D.C. Official Code § 3-1212.05) is amended by striking the phrase
1562 “personal fitness trainer,”.

1563 “(ffff) Section 1206 (D.C. Official Code § 3-1212.06) is added to read as follows:

1564 “Sec. 1206. Transitional provisions for board consolidation.

1565 “(a) The effects of the Health Occupations Revision General Amendment Act of 2023
1566 related to the consolidation of boards or transference of the regulatory authority from certain
1567 boards to others shall be as follows:

1568 “(1) During the 12 months after the passage of the Health Occupations Revisions
1569 General Amendment Act of 2023, the boards currently in operation shall retain its authority and
1570 members until the relevant new board members are appointed and the transference of authority is
1571 made possible;

“(2) During the 12-month transition period, the new Board of Rehabilitative Therapies shall assume its regulatory authority if it has at least 2 members each authorized to practice physical therapy or occupational therapy and 1 member authorized to practice speech-language pathology or audiology. This event shall result in the cessation of the Board of Audiology and Speech-Language Pathology, Board of Physical Therapy, and Board of Occupational Therapy; and

“(2) After 12 months have elapsed since the passage of the Health Occupations Revision General Amendment Act of 2023, the transference of authority, including the cessation of the relevant boards, shall take effect regardless of whether the relevant new members are appointed.

TITLE II- CONFORMING AMENDMENTS

Sec. 201. Section 2(f) of the Confirmation Act of 1978, effective March 3, 1979 (D.C. Law 2-142; D.C. Code § 1-523.01(f)) is amended as follows:

(a) Paragraphs (7), (18), (21), (27), and (43) are repealed.

(b) A new paragraph (72) is added to read as follows:

“(72) Board of Rehabilitative Therapies established by section 223 of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1202.23).”.

Sec. 202. The Department of Health Functions Clarification Act of 2001, effective October 3, 2001 (D.C. Law 14-28; D.C. Official Code §§ 7-731 *et seq.*) is amended as follows:

(a) Section 4941 (D.C. Official Code § 7-743.02) is repealed.

(b) Section 4945 (D.C. Official Code § 7-743.05) is repealed.

(c) New section 4950 and 4951 are added to read as follows:

1595 “Sec. 4950. Advisory Committee on Clinical Laboratory Practitioners.

1596 “(a) There is established an Advisory Committee on Clinical Laboratory Practitioners,

1597 which shall consist of the following 5 members:

1598 “(1) A pathologist certified by the American Board of Pathology or the American

1599 Board of Osteopathic Pathology who for at least 3 years preceding appointment shall have been

1600 actively engaged as a pathologist in rendering professional services in pathology or in the

1601 education and training of medical personnel in pathology;

1602 “(2) A medical technologist who is a supervisor and who, for at least 3 years

1603 preceding the appointment, shall have been actively engaged as a medical technologist in

1604 rendering professional services in medical technology or in the education and training of medical

1605 technologists;

1606 “(3) A medical technologist who is not a supervisor and who, for at least 3 years

1607 preceding the appointment, shall have been actively engaged as a medical technologist in

1608 rendering professional services in medical technology or in the education and training of medical

1609 technologists;

1610 “(4) A medical laboratory technician who, for at least 3 years preceding the

1611 appointment, shall have been actively engaged as a medical laboratory technician in rendering

1612 professional services as a medical laboratory technician; and

1613 “(5) A consumer with no direct affiliation with a clinical laboratory practitioner or

1614 a member of another health profession.

1615 “(b) To remain qualified to serve as a member of the Advisory Committee on Clinical

1616 Laboratory Practitioners, a medical technologist or medical laboratory technician who serves as

1617 an initial appointee to the Advisory Committee on Clinical Laboratory Practitioners shall become

1618 licensed or registered in the profession in which they have been practicing within 90 days after
1619 the Department of Health’s implementation of the license or registration requirements for
1620 medical technologists or medical technicians, whichever applies.

1621 “(c) The Advisory Committee on Clinical Laboratory Practitioners shall develop and
1622 submit to the Board of Medicine guidelines and proposed regulations for the licensure and
1623 regulation of cytotechnologists, histotechnologists, and medical technologists, and the
1624 registration and regulation of histologic technicians, medical laboratory technicians, and
1625 phlebotomists.”.

1626 “Sec. 4951. Advisory Committee on Medical Radiation Technologists.

1627 “(a) There is established an Advisory Committee on Medical Radiation Technologists,
1628 which shall consist of the following 5 members:

1629 “(1) A physician licensed in the District of Columbia whose practice consists
1630 mostly of the type of medicine that requires significant interaction with medical radiation
1631 technologists;

1632 “(2) Three individuals who work as medical radiation technologists; and

1633 “(3) A consumer member with no direct affiliation with medical radiation
1634 technology or a member of another health profession.

1635 “(b) To remain qualified to serve as a member of the Advisory Committee on Medical
1636 Radiation Technologists, the medical radiation technologists who serve as initial appointees shall
1637 become licensed or registered in the profession in which they have been practicing within 180
1638 days after the Department of Health’s implementation of the license or registration requirements
1639 regulations.

“(c) The Advisory Committee on Medical Radiation Technologists shall develop and submit to the Board of Medicine guidelines and proposed regulations for the licensure and regulation of cardiovascular-interventional technologists, computed tomography technologists, magnetic resonance technologists, mammographers, nuclear medicine technologists, radiation therapists, radiographers, ultrasound technologists, and radiologist assistants.”.

Sec. 203. Section 2(7) of The Health-care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999 (D.C. Law 12-238; D.C. Official Code § 44-551(7)) is amended to read as follows:

“(7) “Unlicensed person” means a person not required to be licensed pursuant to Chapter 12 of Title 3, who functions in a complementary or assistance role to licensed health care professionals in providing direct patient care or in performing common nursing tasks. The term “unlicensed person” includes housekeeping, maintenance, and administrative staff for whom it is foreseeable that the prospective employee or contract worker will come in direct contact with patients.”.

TITLE III-- FISCAL IMPACT STATEMENT

Sec. 301. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act of 1973, as amended, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

TITLE IV- EFFECTIVE DATE

Sec. 401. This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional

1663 review as provided in section 602(C)(1) of the District of Columbia Home Rule Act, approved
1664 December 24, 1973 (87 Stat. 813; D. C. Official Code § 1-2067.02(C)(1)), and publication in the
1665 District of Columbia Register.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE ATTORNEY GENERAL**



**BRIAN L. SCHWALB
ATTORNEY GENERAL**

Legal Counsel Division

MEMORANDUM

TO: Tommy Wells
Director
Office of Policy and Legislative Affairs

FROM: Megan D. Browder
Deputy Attorney General
Legal Counsel Division

DATE: July 11, 2023

SUBJECT: Legal Sufficiency Review of Draft Bill, the “Health Occupations
Revision General Amendment Act of 2023”
(AE-23-305-B)

This is to Certify that this Office has reviewed the above-referenced legislation and has found it to be legally sufficient. If you have any questions regarding this certification, please do not hesitate to contact me at (202) 724-5524.

Megan D. Browder

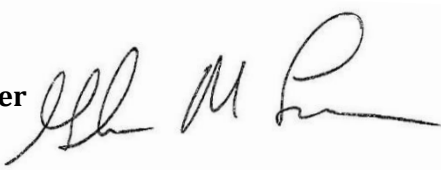
Government of the District of Columbia
Office of the Chief Financial Officer



Glen Lee
Chief Financial Officer

MEMORANDUM

TO: The Honorable Phil Mendelson
Chairman, Council of the District of Columbia

FROM: Glen Lee
Chief Financial Officer 

DATE: August 17, 2023

SUBJECT: Fiscal Impact Statement – Health Occupations Revision General
Amendment Act of 2023

REFERENCE: Draft Introduction as provided to the Office of Revenue Analysis on July
13, 2023.

Conclusion

Funds are sufficient in the fiscal year 2024 through fiscal year 2027 budget and financial plan to implement the bill.

Background

The bill makes several updates¹ to how medical professionals practicing in the District of Columbia are licensed and regulated. The bill does the following:

- Establishes standards for the practice of telehealth.
- Updates the scope of practices for several health professions including optometrists, pharmacists, physical therapists, counselors, podiatrists, registered nurses, psychologists, and chiropractors.
- Combines the Board of Audiology and Speech-Language Pathology, Board of Occupational Therapy, and Board of Physical Therapy into a new Board of Rehabilitative Therapies.
- Eliminates the Board of Chiropractic and Board of Podiatry and transfers the regulatory authority over these professions to the Board of Medicine.
- Eliminates the Board of Long Term Care Administration and transfers the regulation of the profession to the Board of Nursing.

¹ By amending The District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 et seq.).

- Consolidates the separate dietetic and nutrition licenses into one dietitian-nutritionist license.
- Transfers the regulation of clinical laboratory practitioners to the Board of Medicine and creates an Advisory Committee on Laboratory Practitioners to support the Board's work.
- Defines the practice for medical assistants and medical radiation technologists.
- Allows the Board of Medicine to regulate medical radiation technologists and creates an Advisory Committee on Medical Radiation Technologists to support the Board's work.
- Establishes a comprehensive licensing scheme for the full range of the practice of psychology based on national standards.
- Eliminates the Board of Marriage and Family Therapy and transfers the regulation of the profession to the Board of Professional Counseling.
- Creates an emeritus status for licensure, registration, or certification so that individuals can refer to themselves by the title of their profession after retirement from practice.
- Clarifies the scope of practice and qualifications of advanced practice registered nursing.
- Clarifies the regulation of nursing assistive personnel and provides for the issuance of temporary registration or certification.
- Clarifies the regulation of nursing education and nursing assistive personnel training programs.
- Modifies the titles of certain professions to conform with the current practice.

Financial Plan Impact

Funds are sufficient in the fiscal year 2024 through fiscal year 2027 budget and financial plan to implement the bill.

DC Health's Office of Health Professional Boards already licenses and regulates nearly 70,000 health professionals and provides administrative support to the District's health occupation boards. Establishing standards for telehealth, updating the scope of practice for several professions, and consolidating the District's professional licensing boards can be completed using current resources. No additional resources are required to implement the bill.

clinical laboratory practitioners to the Board of Medicine and create an advisory committee on clinical laboratory practitioners; to authorize the Board of Medicine to regulate the practice of medical radiation technology with the advice of an advisory committee on medical radiation technologists; to increase the number of members on the Board of Nursing and revise its composition to include nursing assistive personnel and a nursing home administrator, assisted living administrator, or home health care administrator as well as positions that may be filled by various types of nursing professions; to clarify that nursing education and nursing assistive personnel education programs are regulated by the Board of Nursing; to remove the Board of Long-Term Care Administration and transfer the regulation of the profession to the Board of Nursing; to consolidate the Board of Occupational Therapy, Board of Physical Therapy, and Board of Audiology into a new Board of Rehabilitative Therapies; to change the composition of the Board of Pharmacy to include a pharmacy technician; to remove the Board of Podiatry and Board of Chiropractic and transfer the regulation of the professions to the Board of Medicine; to remove Board of Marriage and Family Therapy and transfer the regulation of the profession to the Board of Professional Counseling; to modify the composition of the Board of Social Work to include a flexible position to be drawn from any of the licensure categories; to clarify the composition of the Board of Professional Counseling; to permit the Mayor to remove without a hearing a board member who fails to attend half of the scheduled board meetings; to clarify that each board may designate its vice-chairperson; to add clear provision for the immunity of the board members and staff within the scope of their duties; to clarify the licensure exemption to include health professionals who travel into the District with their patient or client or provide telehealth into the District to their existing patient or client who is temporarily in the District; to add clarifications regarding endorsement and temporary licenses; to clearly authorize the use of e-mails for communications related to licensure; to add the emeritus status to permit health professionals who cease practicing but wish to continue to represent themselves as health professionals; to clarify requirements for reinstatement and reactivation of licenses; to update the grounds for disciplinary action; to clearly authorizes boards to resolve minor disciplinary matters through negotiated settlement agreements; to provide for the process to deny or withdraw approval of nursing education or nursing assistive personnel training programs; to clarify the extent of disciplinary records; to provide clarity regarding types of advanced practice registered nursing and the qualifications for each; and to make conforming amendments.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Health Occupations Revision General Amendment Act of 2023”.

TITLE I. HEALTH PROFESSIONAL LICENSURE.

Sec. 101. The District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*), is amended as follows:

(a) The table of contents is amended as follows:

(1) The heading of title VI is amended by striking the phrase “PROTOCOL;
COLLABORATION” and inserting the word “PROTOCOL” in its place.

(2) The following new section headings are added to read as follows:

“Sec. 105. Telehealth.”

“Sec. 218a. Board of Rehabilitative Therapies.”

“Sec. 413. Immunity.”

“Sec. 511a. Emeritus status.”

“Sec. 514a. Negotiated settlement agreement.”

“Sec. 514b. Disciplinary or adverse action against nursing education or nursing
assistive personnel training programs.”

“Sec. 525. Disciplinary records.”

“Sec. 607a. Certified clinical nurse specialist.”

“Sec. 913. Doula.”

“Sec. 1206. Transitional provisions for board consolidation.”

(3) The following section headings are amended to read as follows:

“Sec. 203. Board of Medicine; Advisory Committees on Anesthesiologist
Assistants, Naturopathic Medicine, Polysomnography, Surgical Assistants, Trauma
Technologists, Athletic Trainers, Maternal Care Professionals, Clinical Laboratory Practitioners,
and Medical Radiation Technologists.”

“Sec. 205. Repealed.”

“Sec. 206. Repealed.”

“Sec. 209. Repealed.”

“Sec. 210. Repealed.”

111 “Sec. 216. Repealed.”
112 “Sec. 217. Repealed.”
113 “Sec. 218. Repealed.”
114 “Sec. 513a. Repealed.”
115 “Sec. 603. Repealed.”
116 “Sec. 605. Certified registered nurse anesthetist.”
117 “Sec. 606. Certified nurse-midwife.”
118 “Sec. 607. Certified nurse practitioner.”
119 “Sec. 853. Repealed.”
120 “Sec. 902. Dance Therapy.”
121 “Sec. 903. Repealed.”
122 “Sec. 906. Repealed.”
123 “Sec. 907. Nursing assistive personnel; registration or certification required.”
124 “Sec. 908. Repealed.”
125 “Sec. 1204. Physical therapist assistants; references thereto.”

126 (4) The following new title and section headings are added to read as follows:

127 “Title VIII-F
128 “CATEGORIES AND QUALIFICATIONS REQUIRED FOR THE PRACTICE OF
129 PSYCHOLOGY
130

131 “Sec. 881. License and registration requirements.

132 “Sec. 882. Qualifications.

133 “Sec. 883. Limitations.

134 “Title VIII-G
135 “CATEGORIES AND QUALIFICATIONS REQUIRED FOR THE PRACTICE OF MEDICAL
136 RADIATION
137

138 “Sec. 891. Qualifications for licensure.

139 “Sec. 892. Limitations on practice.

140 “Sec. 893. Transition of licensed and registered medical radiation practitioners.”.

141 (b) Section 101 (D.C. Official Code § 3-1201.01) is amended as follows:

142 (1) Paragraph (1) is amended to read as follows:

143 “(1) “Board” means the Board of Dentistry, the Board of Dietetics and Nutrition,

144 the Board of Medicine, the Board of Nursing, the Board of Optometry, the Board of Pharmacy,

145 the Board of Professional Counseling, the Board of Psychology, the Board of Rehabilitative

146 Therapies, the Board of Respiratory Care, the Board of Social Work, or the Board of Veterinary

147 Medicine established by this chapter, as the context requires.”.

148 (2) Paragraph (1A) is amended to read as follows:

149 “(1A) “Boards of Allied Health” means the Board of Dentistry, the Board of

150 Dietetics and Nutrition, the Board of Massage Therapy, the Board of Optometry, the Board of

151 Rehabilitative Therapies, and the Board of Respiratory Care.”.

152 (3) Paragraph (1B) is amended by striking the phrase “the Board of Marriage and

153 Family Therapy,”.

154 (4) Paragraph (1E) is repealed.

155 (5) Paragraph (6C) is amended to read as follows:

156 “(6C) “Doula” means an individual certified by the Board of Medicine to provide

157 culturally competent and continuous physical, emotional, and informational support to a birthing

158 parent during pregnancy, labor, birth, and postpartum.”.

159 (6) A new paragraph (6C-i) is added to read as follows:

“(6C-i) “Electronic form” means a record created, generated, sent, communicated, received, or stored by electronic means.”.

(7) Paragraphs (10A), (10B), and (10C) are repealed.

(8) Paragraph (10D) is amended by striking the word “midwife” and inserting the phrase “health professional providing maternal services” in its place.

(9) Paragraph (15) is amended to read as follows:

“(15) “Suspension” means termination of the right to practice a health profession for a specified period of time or until such time that the specified conditions in an order are satisfied, whichever is later.”.

(10) New paragraphs (15A), (15B), and (15C) are added to read as follows:

“(15A) “Telehealth” means the use of synchronous or asynchronous telecommunication technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance, in which a practitioner and a patient or client or supervisee are located at different physical locations.

“(15B) “Telecommunication technology” means a technology that supports communication through electronic means.

“(15C) “Telehealth service” means a healthcare service provided through telehealth.”.

(11) Paragraph (16) is amended by striking the period and inserting the phrase “and is licensed by the Mayor to practice veterinary medicine in the District.” in its place.

(c) Section 102 (D.C. Official Code § 3-1201.02) is amended as follows:

(1) Paragraph (2) (D.C. Official Code § 3-1202.02(2)) is amended to read as follows:

“(2) “Practice of advanced practice registered nursing” means the independent performance of advanced-level nursing actions, with or without compensation, by a licensed registered nurse with advanced education, knowledge, skills, and scope of practice who has been certified to perform such actions by a national certifying body acceptable to the Board of Nursing in the appropriate advanced practice registered nursing role and at least one population focus. The practice of advanced practice registered nursing includes:

“(A) Advanced assessment;

“(B) Medical diagnosis;

“(C) Prescribing;

“(D) Selecting, administering, and dispensing therapeutic measures;

“(E) Treating alterations of the health status; and

“(F) Carrying out other functions identified in subtitle VI of this title and in accordance with procedures required by this title.”.

(2) Paragraph (2A-ii)(C)(iii) (D.C. Official Code § 3-1201.02(2A-ii)(C)(iii)) is repealed.

(3) Paragraph (2B)(A) is amended to read as follows:

“(2B)(A) “Practice of audiology” means the planning, directing, supervising, and conducting of habilitative or rehabilitative counseling programs for individuals or groups of individuals who have, or are suspected of having, disorders of hearing or balance; any service in audiology, including prevention, identification, evaluation, consultation, habilitation or rehabilitation, academic instruction, clinical instruction, and research; participating in hearing conservation, hearing aid and assistive listening device evaluation, selection, preparation, dispensing, and orientation; fabricating ear molds; cerumen management; interoperative

neurophysiologic monitoring; providing auditory training and speech reading; or administering tests of vestibular function or tinnitus. The practice of audiology includes speech and language screening limited to a pass-or-fail determination for the purpose of identification of individuals with disorders of communication and associated referral for management of communication and balance disorders, or cognitive, dexterity, depression, or vision screening, and associated referral for management of related disorders. The practice of audiology does not include the practice of medicine or osteopathic medicine, or the performance of a task in the normal practice of medicine or osteopathic medicine by a person to whom the task is delegated by a licensed physician.”.

(4) Paragraph (3)(A) (D.C. Official Code § 3-1201.02(3)(A)) is amended to read as follows:

“(3)(A) “Practice of chiropractic” means practicing a primary care health discipline through the evaluation, examination, diagnosis, counseling, and treatment or management of biomechanical or physiological conditions or disorders that compromise neural integrity or organ system function; the use of x-rays and advanced diagnostic imaging, physical examination, and examination by instrumentation for the detection and correction of subluxations and somatic dysfunctions that cause vertebral, neuromuscular, or skeletal disorder; the adjustment of the spine or manipulation of bodily articulations for the restoration and maintenance of health; and the referral of a patient for diagnostic imaging, tests, and clinical laboratory procedures in order to determine a regimen of chiropractic care or to form a basis or referral of patients to other licensed health care professionals. “Practice of Chiropractic” does not include the use of drugs or surgery but may include ancillary procedures such as dry needling in accordance with the rules and requirements promulgated by the Mayor.”.

(5) Paragraph (3A) (D.C. Official Code § 3-1201.02(3A)) is amended by striking the phrase “or cells desquamated from a body surface or lesion,” and inserting the phrase “cells desquamated from a body surface or lesion, or cells aspirated from a lesion” in its place.

(6) Paragraph (6) (D.C. Official Code § 3-1201.02(6)) is amended as follows:

(A) Subparagraph (6)(A) is amended to read as follows:

“(A) “Practice of dietetics and nutrition” means the application of the principles inherent in the knowledge of food, biochemistry, physiology, and related behavioral sciences to human nutrition, which is defined as the science of food and nutrients including the action, interaction, and balance of same in relation to health and wellness, and the maintenance of optimal nutritional health in individuals, or groups of individuals, through the provision of effective care and treatment and the application of scientific principles by dietitian-nutritionists. The practice of dietetics and nutrition encompasses guidance on short- and long-term dietary and nutritional practices including the communication and implementation of key principles of good nutrition and food preparation and the application of medical nutrition therapy and nutrition assessment.”.

(B) Subparagraph (B) is amended by striking the phrase “dietician or nutritionist,” and inserting the word “dietician-nutritionist,” in its place and by striking the phrase “dieticians or nutritionists.” and inserting the word “dietician-nutritionists.” in its place.

(7) Paragraph (6A) (D.C. Official Code § 3-1201.02(6A)) is amended to read as follows:

“(6A) “Practice by histologic technicians” means the preparation of human and animal tissue samples for microscopic examination related to diagnosis and treatment of human disease.”.

(8) Paragraph (6B) (D.C. Official Code § 3-1201.02(6B)) is amended as follows:

(A) Subparagraph (A) is amended by striking the phrase “the context of marriage and family systems.” and inserting the phrase “the context of or arising from the context of marriage and family systems.” in its place.

(B) Subparagraphs (B) and (C) are repealed.

(9) Paragraph (6B-i) (D.C. Official Code § 3-1201.02(6B-i)) is amended by striking the phrase “a medical technologist or physician.” and inserting the phrase “a medical technologist or clinical laboratory director.” in its place.

(10) Paragraph (6B-ii) (D.C. Official Code § 3-1201.02(6B-ii)) is amended by striking the phrase “analyzing the chemical content of fluids,” and inserting the phrase “analyzing the cellular and chemical content of fluids,” in its place.

(11) A new paragraph (6D) is added to read as follows:

“(6D) “Practice by medical assistants” means the performance by individuals assisting with minor medical practices that, other than the administration of vaccines or other shots, do not involve any subcutaneous procedure and occur only under the direct supervision of a physician, physician assistant, or advance practice registered nurse.”.

(12) A new paragraph (6E) is added to read as follows:

“(6E) “Practice of medical radiation technology” means the use of ionizing or non-ionizing radiation for the purposes of medical imaging and treatment in any of the following categories:

“(A) The practice of cardiovascular-interventional technology, which means using imaging equipment to perform a comprehensive scope of invasive cardiac or neurological, peripheral, and visual cardiovascular and non-vascular diagnostic, therapeutic and interventional

procedures that are displayed in radiographic or digital images for the purpose of assisting physicians in diagnostic and interventional procedures;

“(B) The practice of computed tomography technology, which means the use of ionizing radiation to produce tomographic images or slices of specific areas of the body on film, fluorescent material, or an image display device;

“(C) The practice of magnetic resonance technology, which means the use of resonance frequency within a magnetic field to evaluate anatomic or physiologic conditions of the body, perform spectral analysis, perform functional and anatomic analysis, and provide a basis for interventional or therapeutic procedures that utilize magnetic resonance technology;

“(D) The practice of mammography, which means the use of low-dose x-rays to image internal structures of the breast for purposes of detecting abnormal growths or cysts;

“(E) The practice of nuclear medicine technology, which means in vivo and in vitro detection and measurement of radioactivity and the administration of radiopharmaceuticals and radionuclides for diagnostic and therapeutic purposes;

“(F) The practice of radiation therapy, which means the use of ionizing radiation under the supervision of a licensed physician for the purpose of destroying cancerous tumors;

“(G) The practice of radiography, which means the use of ionizing radiation projected through the body to produce radiographic images on film, fluorescent material, or an image display device;

“(H) The practice by radiologist assistants, which means the practice of radiography in the areas of patient care, patient management, clinical imaging and interventional procedures; provided that the practice by radiologist assistants does not include interpreting images, making diagnoses, or prescribing medication or therapies; and

“(I) The practice of ultrasonography or sonography, which means the use of ultrasound for the visualization of subcutaneous body structures including tendons, muscles, joints, vessels, and internal organs for possible pathology or lesions.”.

(13) Paragraph (7B) (D.C. Official Code § 3-1201.02(7B)) is amended to read as follows:

“(7B) “Practice by nursing assistive personnel” means the performance by authorized individuals who have been assigned direct patient care tasks that are common to nursing functions and do not require professional skill or judgment within a health care, residential, or community support setting; provided, that the patient care tasks are performed under the general supervision of a licensed health care professional. Nursing assistive personnel includes:

“(A) Nurse aides;

“(B) Medication aides;

“(C) Home-health aides;

“(D) Patient care technicians;

“(E) Trained medication employees;

“(F) Dialysis technicians; and

“(G) Any other profession as determined by the Mayor through rulemaking.”.

(14) Paragraph (9)(A) (D.C. Official Code § 3-1201.02(9)(A)) is amended as follows:

(A) Sub-subparagraph (i) is amended to read as follows:

“(i) The therapeutic use of everyday life activities and the use of other occupational therapy techniques to engage clients who have disability and non-disability-related needs in everyday life occupations to enable participation in activities in home, school,

workplace, or other community settings to promote habilitation, rehabilitation, and health and wellness, with or without compensation;”.

(B) Sub-subparagraph (iii) is amended by striking the word “patients” and inserting the word “clients” in its place.

(15) Paragraph (10) (D.C. Official Code § 3-1201.02(10)) is amended as follows:

(A) Subparagraph (E) is amended to read as follows:

“(E) An individual licensed to practice optometry may administer or prescribe drugs as follows:

“(i) An individual licensed to practice optometry may administer or prescribe the following drugs:

“(I) Antibiotics, but not oral systemic antiviral or antifungal agents;

“(II) Antihistamines;

“(III) Non-steroidal anti-inflammatories;

“(IV) Medication for the initiation of immediate emergency treatment of angle closure glaucoma; and

“(V) Analgesics included in Schedules III through V controlled substances and analgesics included in Schedule II controlled substances consisting of hydrocodone in combination with acetaminophen, when certified by the Board of Optometry as appropriate for the diagnosis or treatment of any disease or abnormal condition of the human eye and its adnexa;

“(ii) An individual licensed to practice optometry may administer or prescribe injectable systemic drugs to counter anaphylactic reactions;

“(iii) Prescriptions for controlled substances issued by optometrists shall be limited to a 7-day supply; provided that, if treatment with a controlled substance is required beyond the 7-day period, the optometrist shall consult with or refer the patient to another appropriate health care provider;

“(iv) Optometrists permitted under this chapter to prescribe controlled substances shall obtain and have a current federal drug enforcement agency registration number and a District of Columbia controlled substances registration number prior to prescribing or administering controlled substances.”.

(B) Subparagraph (F) is amended to read as follows:

“(F) An individual licensed to practice optometry may conduct diagnosis, treatment, and management of open-angle glaucoma.”.

(16) Paragraph (10A)(A) (D.C. Official Code § 3-1201.02(10A)(A)) is amended by striking the phrase “communicating in person” and inserting the phrase “communicating in person or through interactive virtual communication” in its place.

(17) Paragraph (11) (D.C. Official Code § 3-1201.02(11)) is amended as follows:

(A) Subparagraph (A) is amended to read as follows:

“(A) “Practice of pharmacy” means the interpretation and evaluation of prescription orders; the compounding, dispensing, and labeling of drugs, devices, and biologicals; the prescribing and dispensing of self-administered hormonal contraceptives when certified by the Board of Pharmacy to do so and in accordance with regulations issued by the Mayor; drug and device selection; responsibility for advising and providing information, where regulated or otherwise necessary, concerning drugs, devices, and biologicals, and their therapeutic values, content, hazards, and uses in the treatment and prevention of disease;

responsibility for conducting drug-regimen reviews; responsibility for the proper and safe storage and distribution of drugs, devices, and biologicals; the administration of a prescribed drug, device, and biological in accordance with regulations issued by the Mayor; the order and administration of immunizations and vaccinations in accordance with the Centers for Disease Control and Prevention’s published guidelines and recommended immunization schedules for adults aged 18 and older with valid identification, adolescents and children aged 3 through 17 with written informed parental consent, and the administration of immunizations and vaccinations to any individual pursuant to a valid prescription when certified by the Board of Pharmacy to do so; conducting health screenings, including ordering, performing, and interpreting Clinical Laboratory Improvement Amendments-waived tests; the offering or performance of those acts, services, operations, and transactions necessary in the conduct, operation, management, and control of a pharmacy; the initiating, modifying, or discontinuing a drug therapy in accordance with a duly executed collaborative practice agreement; and the maintenance of proper records.”.

(B) Subparagraph (B) is amended to read as follows:

“(B) Within the meaning of this paragraph, the term:

“(i) “Administration” means the direct application of a prescription drug, device, or biological to the body of the patient by injection, inhalation, ingestion, or any other means.

“(ii) “Collaborative practice agreement” means a voluntary written agreement between a licensed pharmacist and a licensed physician that has been approved by the Board of Pharmacy and the Board of Medicine, either directly or through rulemaking, or between a licensed pharmacist and another health practitioner with independent prescriptive authority

licensed by a District health occupation board, that defines the scope of practice between the licensed pharmacist and licensed physician, or other health practitioner, for the initiation, modification, or discontinuation of a drug therapy regimen.

“(iii) “Pharmacy” means any establishment or institution, or any part thereof, where the practice of pharmacy is conducted, drugs are compounded or dispensed, offered for sale, given away, or displayed for sale at retail, or prescriptions are compounded or dispensed.

“(iv) “Prescription” means any order for a drug, medicinal chemical, biological, or combination or mixtures thereof, or for a medically prescribed medical device, in writing, or on an approved electronic form, dated and signed by an authorized health professional, or given orally to a pharmacist by an authorized health professional or the person's authorized agent and immediately reduced to writing by the pharmacist or pharmacy intern.”.

(18) A new paragraph (11A) is added to read as follows:

“(11A) “Practice of phlebotomy” means performing skin and arterial punctures for the purpose of withdrawing blood or for clinical laboratory test purposes.”.

(19) Paragraph (12) (D.C. Official Code § 3-1201.02(12)) is amended as follows:

(A) Subparagraph (A) is amended to read as follows:

“(A) Practice of physical therapy” means the independent evaluation or treatment of human disability, injury, or disease through the specific scientific application of physical measures to secure the functional rehabilitation of the human body, utilizing standard procedures of physical therapy to treat patients with mechanical, physiological, and developmental impairments, functional limitations, and disabilities, or other health and movement-related conditions, to alleviate the effects of these conditions, to reduce the risk of injury, and to promote

and maintain fitness, health, and wellness in populations of all ages. As part of the evaluation process, the practice of physical therapy includes the ability of physical therapists to order imaging in the District. The practice of physical therapy shall include the teaching and researching of physical therapy.”.

(B) Paragraph (B) is amended to read as follows:

“(B) “Practice by physical therapist assistants” means the performance of selected components of a physical therapy treatment intervention by a person who has graduated from a physical therapist assistant program accredited by an agency recognized for that purpose by the Secretary of the Department of Education or the Council of Postsecondary Accreditation and is licensed pursuant to this chapter to assist the physical therapist.”.

(20) Paragraph (13) (D.C. Official Code § 3-1201.02(13)) is amended by striking the phrase “or osteopath”.

(21) Paragraph (14) (D.C. Official Code § 3-1201.02(14)) is amended to read as follows:

“(14) “Practice of podiatry” means the diagnosis, treatment, prevention and care of pathology and ailments of all structures and tissues of the human foot and ankle, the anatomical structures that attach to the human foot, ankle, soft tissue at or below the knee, and soft tissue of the human hand consisting solely of soft tissue at or distal to the wrist and excluding the bony structures of the hand or wrist, by surgical, medical, or mechanical means, with or without compensation. The term “practice of podiatry” includes the administration of local anesthesia, monitored anesthesia care, and conscious sedation as well as the administration of injections, immunizations, and vaccinations.”.

(22) Paragraph (15) (D.C. Official Code § 3-1201.02(15)) is amended to read as follows:

“(15) “Practice of practical nursing” means the performance, under the supervision of a registered nurse, advanced practice registered nurse, licensed physician, or other authorized health care provider, with or without compensation, of directed nursing services required in observing and caring for the sick, injured, convalescent, or disabled, in promoting preventive measures in community health, in acting to safeguard life and health, in administering treatment and medication prescribed by a physician, dentist, or advanced practice registered nurses, or in performing other acts not requiring the skill, judgment, and knowledge of a registered nurse. The practice also includes the training of nursing assistive personnel and shall be subject to the nursing standards established or recognized by the Board of Nursing in accordance with regulations promulgated by the Mayor.”.

(23) Paragraph (15B) (D.C. Official Code § 3-1201.02(15B)) is amended as follows:

(A) Subparagraph (A) is amended by striking the phrase “; and” and inserting a semicolon in its place.

(B) Subparagraph (B) is amended by striking the period and inserting the phrase “; and” in its place.

(C) New subparagraphs (C) and (D) are added to read as follows:

“(C) Determining and evaluating treatment goals and objectives and implementing counseling techniques and evidence-based counseling methods, models, and interventions to achieve treatment plan goals: and

“(D) Teaching and supervising the practice of professional counseling.”.

(24) Paragraph (16) (D.C. Official Code § 3-1201.02(16)) is amended to read as follows:

“(16)(A) “Practice of psychology” means the observation, description, evaluation, interpretation, prediction, and modification of human behavior by the application of psychological principles, methods, and procedures, with or without compensation, for the purposes of:

“(i) Preventing, eliminating, assessing, or predicting symptomatic, maladaptive, or undesired behavior;

“(ii) Evaluating, assessing, or facilitating the enhancement of individual, group, or organizational effectiveness, including personal effectiveness, adaptive behavior, interpersonal relationships, work and life adjustment, health, and individual, group, or organizational performance; or

“(iii) Providing effective services to help children and youth succeed academically, socially, behaviorally, and emotionally as well as providing direct educational and mental health services for children and youth, including working with parents, educators, and other professionals to create supportive learning and social environments for children.

“(B) The authorization to practice psychology under this paragraph shall be distinguished as follows:

“(i) A person licensed as a health services psychologist is authorized to practice psychology within the full scope of paragraph (A);

“(ii) A person licensed as a general applied psychologist is authorized to practice psychology within the scope of subparagraph (A)(ii) of this paragraph;

480 “(iii) A person registered as a school psychologist is authorized to practice
481 psychology within the scope of subparagraph (A)(iii) of this paragraph; and

482 “(iv) A person registered as a psychology associate is authorized to
483 practice psychology within the scope of subparagraph (A)(i); provided that they practice only
484 under the supervision of a licensed health services psychologist.”.

485 (25) Add a new paragraph (16A) to read as follows:

486 “(16A) “Practice of recreational therapy”, also known as therapeutic recreation or
487 recreation therapy, means the systematic process that utilizes recreation and other activity-based
488 interventions to address the assessed needs of individuals with illness or disabling conditions as a
489 means of psychological and physical health, recovery, and well-being. Recreational therapy also
490 includes treatment services designed to restore, remediate, and rehabilitate a person’s level of
491 functioning and independence in life activities, to promote health and wellness and reduce or
492 eliminate the activity limitations and restrictions to participate in life situations caused by illness
493 or a disabling condition.”.

494 (26) Paragraph (17) (D.C. Official Code § 3-1201.02(17)) is amended to read as
495 follows:

496 “(17) “Practice of registered nursing” means the performance of the full scope of nursing
497 services, with or without compensation, designed to promote, protect, optimize, and maintain
498 health and abilities, prevent illness and injury, facilitate healing; alleviate suffering through the
499 diagnosis and treatment of human response, and advocate for the care of individuals, families,
500 groups, communities, and populations. The practice includes the performance of acts requiring
501 substantial specialized knowledge, judgment, and skill based on the principles of the biological,
502 physiological, behavioral, and sociological sciences. It also includes administrative, educational,

and research functions. The practice shall be subject to standards established or recognized by the Board of Nursing and in accordance with regulations promulgated by the Mayor.”.

(27) Paragraph (17A) (D.C. Official Code § 3-1201.02(17A)) is amended to read as follows:

“(17A) “Practice of respiratory care” means the diagnostic evaluation, assessment, care and treatment, management, or rehabilitation, in collaboration with a licensed physician, of patients who have deficiencies and abnormalities which affect the pulmonary system and associated aspects of the cardiopulmonary or other systems.”.

(28) Paragraph (18)(A) (D.C. Official Code § 3-1201.02(18)(A)) is amended to read as follows:

“(18)(A) “Practice of social work” means the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. Depending upon the level at which an individual social worker is licensed under this act, based upon area of practice, experience, and expertise, the professional services may include the formulation of psychosocial evaluation and assessment, counseling, psychotherapy, referral, advocacy, mediation, consultation, research, administration, education, and community organization.”.

(29) Paragraph (19A) (D.C. Official Code § 3-1201.02(19A)) is amended by striking the phrase “under the direct supervision” and inserting the phrase “under the supervision” in its place.

(d) Section 103(d) (D.C. Official Code § 3-1201.03(d)) is amended as follows:

(1) Paragraph (2) is amended by striking the semicolon and inserting a period in its place.

(2) Paragraphs (3), (4), (5), (6), and (7) are repealed.

(e) A new section 105 is added to read as follows:

“Sec. 105. Telehealth.

“(a) A health professional licensed, registered, or certified in the District may provide a telehealth service to a District resident or person located in the District if doing so is:

“(1) Consistent with the applicable standard of care in the District and the health professional’s scope of authorized practice in the District; and

“(2) Not otherwise prohibited by law or regulation.

“(b) A practitioner-patient or practitioner-client relationship may be established through telehealth in accordance with the appropriate standard of care and the practitioner’s competence and scope of practice.

“(c) A health professional who provides a telehealth service shall do so in a manner consistent with the standard of care applicable to a health professional who provides a comparable health care service in person in the District. The District professional practice standards, rules, and law applicable to the provision of healthcare services including standards, rules, and law related to identity verification, documentation, informed consent, confidentiality, privacy, and security apply to the provision of telehealth services.

“(d) A health professional providing telehealth services who is authorized to prescribe medications shall register with the District and comply with all requirements of the Prescription Drug Monitoring Program Act of 2013, effective February 22, 2014 (D.C. Law 20-66; D.C.

Code §§ 48-853.01 *et seq.*), and shall be subject to all District or federal laws and rules related to prescription and controlled substances.

“(e) A practitioner who does not hold a license, registration, or certification to practice in the District may not provide a telehealth service to a client or patient physically located in the District except if the practitioner and the client or patient have an existing practitioner-client or practitioner-patient relationship and the client or patient is temporarily present in the District.”.

(f) Section 202(c) (D.C. Official Code § 3-1202.02(c)) is amended to read as follows:

“(c) Of the members of the Board, 4 shall be licensed dietitian-nutritionists, and one shall be a consumer member who is not licensed as a dietitian-nutritionist.”.

(g) Section 203 (D.C. Official Code § 3-1202.03) is amended as follows:

(1) The title of the section is amended to read “Board of Medicine; Advisory Committees on Anesthesiologist Assistants, Naturopathic Medicine, Polysomnography, Surgical Assistants, Trauma Technologists, Athletic Trainers, Maternal Care Professionals, Clinical Laboratory Practitioners, and Medical Radiation Technologists.”.

(2) Subsection (a) is amended as follows:

(A) Paragraph (2) is amended to read as follows:

“(2) The Board shall regulate the practice of medicine, the practice of acupuncture, the practice by anesthesiologists assistants with the advice of the Advisory Committee on Anesthesiologists Assistants, the practice of chiropractic, the practice of clinical laboratory practitioners with the advice of the Advisory Committee on Clinical Laboratory Practitioners, the practice of medical radiation technology with the advice of the Advisory Committee on Medical Radiation Technologists, the practice of naturopathic medicine with the advice of the Advisory Committee on Naturopathic Medicine, the practice by physician

assistants, the practice of podiatry, the practice by surgical assistants with the advice of the Advisory Committee on Surgical Assistants, the practice by physicians-in-training, the practice by trauma technologists with the advice of the Advisory Committee on Trauma Technologists, the practice of athletic training with the advice of the Advisory Committee on Athletic Trainers, and the practices by certified professional midwives and doulas with the advice of the Advisory Committee on Maternal Care Professionals.”.

(B) Paragraph (3) is amended to read as follows:

“(3) Of the members of the Board, 6 shall be physicians licensed to practice in the District, 2 shall be physician assistants licensed to practice in the District, 1 shall be a podiatrist licensed to practice in the District, 1 shall be a chiropractor licensed to practice in the District, 1 shall be an acupuncturist licensed in the District, 3 shall be consumer members, and 1 shall be the Director of the Department of Health or his or her designee. The Chair of the Board shall be a physician member of the Board.”.

(C) Paragraph (8) is amended as follows:

(i) Subparagraph (A) is amended by striking the phrase “in accordance with guidelines approved by the Advisory Committee on Acupuncture”.

(ii) Subparagraph (C) is amended by striking the phrase “in accordance with guidelines approved by the Advisory Committee on Physician Assistants”.

(iii) Subparagraph (H) is amended by striking the phrase “; and” and inserting a semicolon in its place.

(iv) Subparagraph (I) is amended by striking the period at the end and inserting a semicolon in its place.

(v) New subparagraphs (J) and (K) are added to read as follows:

593 “(J) The practice by clinical laboratory practitioners in accordance with
594 guidelines approved by the Advisory Committee on Clinical Laboratory Practitioners; and

595 “(K) The practice of medical radiation technology in accordance with
596 guidelines approved by the Advisory Committee on Medical Radiation Technologists.”.

597 (h) Section 204 (D.C. Official Code § 3-1202.04) is amended as follows:

598 (1) Subsection (a) is amended by striking the phrase “to consist of 11 members”
599 and inserting the phrase “to consist of 13 members” in its place.

600 (2) Subsection (b) is amended as follows:

601 (A) Paragraph (1) is amended to read as follows:

602 “(1) The Board shall regulate the practice of advanced practice registered nursing,
603 registered nursing, practical nursing, and practice by nursing assistive personnel. The Board
604 shall also regulate the practice of nursing home administration, assisted living administration,
605 and home health care administration. Advanced practice registered nursing shall include the
606 categories of certified registered nurse anesthetist, certified nurse-midwife, certified nurse-
607 practitioner, and clinical nurse specialist.”.

608 (B) Paragraph (2) is amended by striking the phrase “nursing schools and
609 nursing programs” and inserting the phrase “nursing education programs” in its place, striking
610 the word “may” and inserting the word “shall” in its place, and striking the phrase “nursing
611 schools and nursing programs.” and inserting the phrase “nursing education programs and
612 training programs for nursing assistive personnel.” in its place.

613 (3) Subsection (c) is amended to read as follows:

614 “(c) Of the members of the Board, 4 shall be registered nurses licensed in the District; 2
615 shall be practical nurses licensed in the District; 1 shall be a nursing home administrator, assisted

living administrator, or home health care administrator licensed in the District; 1 shall be a nursing assistive personnel registered or certified in the District; 3 shall be registered nurses, advanced practice registered nurses, practical nurses, or nursing assistive personnel licensed, registered, or certified in the District; and 2 shall be consumer members.”.

(i) Section 205 (D.C. Official Code § 3-1202.05) is repealed.

(j) Section 206 (D.C. Official Code § 3-1202.06) is repealed.

(k) Section 207 (D.C. Official Code § 3-1202.07)) is amended as follows:

(1) Subsection (f) is amended to read as follows:

“(f) Upon application, the Board shall grant certification to administer diagnostic pharmaceutical agents and prescribe therapeutic pharmaceutical agents to applicants who have satisfied the requirements of the Board in accordance with the rules promulgated by the Mayor.”.

(2) Subsection (g) is repealed.

(l) Section 208 (D.C. Official Code § 3-1202.08) is amended as follows:

(1) Subsection (b) is amended as follows:

(A) Paragraph (1) is amended to read as follows:

“(1) The Board shall regulate the practice of pharmacy, the practice of pharmaceutical detailing, and the practice of pharmacy technicians.”.

(2) Paragraph (1A) is repealed.

(2) Subsection (c) is amended by striking the phrase “2 shall be consumer members.” and inserting the phrase “,1 shall be a pharmacy technician registered in the District, and 1 shall be a consumer member.” in its place.

(3) Subsection (f) is amended by striking the phrase “and only pursuant to a written protocol and valid prescription or standing order of a physician”.

639 (4) Subsection (g) is repealed.

640 (5) Subsections (i) through (m) are repealed.

641 (m) Section 209 (D.C. Official Code § 3-1202.09)) is repealed.

642 (n) Section 210 (D.C. Official Code § 3-1202.10)) is repealed.

643 (o) Section 212(c) (D.C. Official Code § 3-1202.12(c)) is amended to read as follows:

644 “(c) Of the members of the Board, 4 shall be social workers licensed in the District, with
645 the following additional requirements: 3 of the 4 shall be any combination of licensed graduate
646 social workers, licensed independent social workers, and licensed independent clinical social
647 workers, while the remaining 1 social worker may be from any of the 4 categories of social
648 worker established by title VIII; and 1 shall be a consumer member.”.

649 (p) Section 213 (D.C. Official Code § 3-1202.13) is amended as follows:

650 (1) Subsection (a) is amended by striking the number “5” and inserting the
651 number “7” in its place.

652 (2) Subsection (b) is amended by striking the phrase “and addiction counseling.”
653 and replacing it with the phrase “addiction counseling, dance therapy, and marriage and family
654 therapy.”.

655 (3) Paragraph (d) is amended to read as follows:

656 “(d) Of the members of the Board, 3 shall be professional counselors licensed in
657 the District, 1 shall be a professional art therapist licensed in the District who may also be a
658 licensed professional counselor, 1 shall be a marriage and family therapist licensed in the
659 District, 1 shall be a professional counselor, a professional art therapist, a marriage and family
660 therapist, or an addiction counselor licensed or certified in the District, and 1 shall be a consumer
661 member. Of the members who are licensed professional counselors, 1 shall be an educator

engaged in teaching counseling and one shall have at least 3 years of experience in the field of addiction counseling.”.

(q) Section 214 (D.C. Official Code § 3-1202.14) is amended as follows:

(1) Subsection (b) is amended by striking the word “therapy” and inserting the word “care” in its place.

(2) Subsection (c) is amended to read as follows:

“(c) Of the members of the Board, 3 shall be respiratory care practitioners licensed in the District, 1 shall be either a physician with knowledge and experience in the practice of respiratory care or a respiratory care practitioner, licensed in the District, and 1 shall be a consumer member.”.

(r) Section 216 (D.C. Official Code § 3-1202.16) is repealed.

(s) Section 217 (D.C. Official Code § 3-1202.17) is repealed.

(t) Section 218 (D.C. Official Code § 3-1202.18) is repealed.

(u) A new section 218a is added to read as follows:

“Sec. 218a. Board of Rehabilitative Therapies.

“(a) There is established a Board of Rehabilitative Therapies to consist of 11 members appointed by the Mayor with the advice and consent of the Council.

“(b) The Board shall regulate the practice of audiology, occupational therapy, physical therapy, recreational therapy, and speech-language pathology. The Board shall also regulate practice by audiology assistants, occupational therapy assistants, physical therapist assistants, speech-language pathology assistants, and speech-language pathology clinical fellows.

“(c) Of the members of the Board, 3 shall be physical therapists or physical therapist assistants licensed in the District, 2 shall be occupational therapists or occupational therapy

assistants licensed in the District, 2 shall be audiologists or speech-language pathologists licensed in the District, 1 shall be a recreational therapist licensed in the District, 2 shall be consumer members, and 1 shall be from any of the following professional categories: audiologist, audiology assistant, physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant, recreational therapist, speech-language pathologist, or speech-language pathology assistant; provided that the member is licensed or registered in the District in the relevant profession.

“(d) Of the members initially appointed under this section, 3 shall be appointed for a term of 1 year, 4 shall be appointed for a term of 2 years, and 4 shall be appointed for a term of 3 years. The terms of the members first appointed shall begin on the date that a majority of the first members are sworn in, which shall become the anniversary date for all subsequent appointments.”.

(v) Section 302(12) (D.C. Official Code § 3-1203.02(12)) is amended by striking the phrase “, except the Mayor may provide for the issuance of temporary licenses to applicants for licensure to practice social work and marriage and family therapy for a period not to exceed 1 year, and to applicants for licensure to practice as anesthesiologist assistants for a period not to exceed 2 years”.

(w) Section 401(b)(2) (D.C. Official Code § 3-1204.01(b)(2)) is amended by striking the phrase “the trauma technologist member initially appointed to the Advisory Committee on Trauma Technologists,” and inserting the phrase “the trauma technologist member initially appointed to the Advisory Committee on Trauma Technologists, the athletic trainers initially appointed to the Advisory Committee on Athletic Trainers, the certified professional midwives and the doula initially appointed to the Advisory Committee on Maternal Care Professionals, the

practitioners of medical radiation technology initially appointed to the Advisory Committee on Medical Radiation Technologists,” in its place.

(x) Section 404(b) (D.C. Official Code § 3-1204.04(b)) is amended to read as follows:

“(b) The failure of a member of a board or advisory committee to attend at least 1/2 of the regular, scheduled meetings of a board or advisory committee within a 12-month period shall constitute neglect of duty. The Mayor may remove a member of a board or advisory committee for such neglect of duty without a hearing.”.

(y) Section 405 (D.C. Official Code § 3-1204.05) is amended by adding a new subsection (a-1) to read as follows:

“(a-1) Each board and advisory committee may elect a vice chairperson from among its members.”.

(z) Section 408 (D.C. Official Code § 3-1204.08) is amended as follows:

(1) Paragraph (2) is amended by striking the word “licenses” and inserting the phrase “a license, registration, and certification” in its place.

(2) Paragraph (4) is amended by striking the word “licenses” and inserting the phrase “licenses, registrations, or certifications” in its place.

(aa) Add a new section 413 to read as follows:

“Sec. 413. Immunity.

“A person who is a member of a board, staff supporting a board, or a legally authorized agent of a board acting without malice and in the furtherance of their duties is not civilly liable

for investigating, prosecuting, participating in a hearing, or otherwise acting on an allegation of a ground for board action.”.

(bb) The title of Title V is amended to read as follows:

“TITLE V.
“LICENSING, REGISTRATION, CERTIFICATION, OR APPROVAL REQUIRED.”

(cc) Section 501 (D.C. Official Code § 3-1205.01) is amended as follows:

(1) The title of the section is amended to read as follows:

“Sec. 501. License, registration, certification, or approval required.”.

(2) Subsection (a) is amended as follows:

(A) Paragraph (1) is amended to read as follows:

“(1) A license issued pursuant to this act is required to practice acupuncture, advanced practice registered nursing, assisted living administration, audiology, cardiovascular-interventionist technology, chiropractic, certified midwifery, certified professional midwifery, computed tomography technology, cytotechnology, dental hygiene, dentistry, dietetics and nutrition, health services psychology, general applied psychology, histotechnology, home health care administration, magnetic resonance technology, mammography, marriage and family therapy, massage therapy, medical laboratory technology, medicine, naturopathic medicine, nuclear medicine technology, nursing home administration, occupational therapy, optometry, pharmaceutical detailing, pharmacy, physical therapy, podiatry, practical nursing, professional art therapy, professional counseling, radiography, recreational therapy, registered nursing, respiratory care, social work, speech-language pathology, ultrasound technology or sonography, veterinary medicine, or to practice as an anesthesiologist assistant, athletic trainer, graduate marriage and family therapist, graduate professional art therapist, physician assistant, physical therapist assistant, polysomnographic technologist, occupational therapy assistant, radiation

therapist, radiologist assistant, surgical assistant, or as a trauma technologist in the District,
except as otherwise provided in this act.”.

(B) Paragraph (2) is amended to read as follows:

“(2) Registration is required to practice as an audiology assistant, dance therapist,
dental assistant, histologic technician, medical laboratory technician, phlebotomist, psychology
associate, polysomnographic technician or trainee, school psychologist, speech-language
pathology assistant, or speech-language pathology clinical fellow.

(C) New paragraphs (6) and (7) are added to read as follows:

“(6) A registration or certification required pursuant to section 907, or
rules promulgated pursuant to such authority, is required for any person to engage in the role or
function of nursing assistive personnel in the District.

“(7) Approval by the Board of Nursing is required to operate nursing
education programs and training programs for nursing assistive personnel in the District.”

(dd) Section 502(a) (D.C. Official Code § 3-1205.02(a)) is amended as follows:

(1) Paragraph (2) is amended to read as follows:

“(2) To an individual employed by the federal government, while he or she is
acting in the official discharge of the duties of employment in the District;”.

(2) Paragraph (3) is amended to read as follows:

“(3) To an individual, licensed, registered, or certified to practice a health
occupation in a state, who is providing care to an individual, an animal, or group for a limited
period of time, based on the following circumstances:

776 “(A) The individual has been providing care to the individual, animal, or
777 group (“client or patient”) located in a state and is accompanying the client or patient into the
778 District for a visit not exceeding 30 days;

779 “(B) The individual is called from a state in professional consultation by
780 or on behalf of a specific patient or client to visit, examine, treat, or provide advice regarding the
781 specific patient or client in the District; or

782 “(C) The individual is invited to give a demonstration of a procedure or
783 clinic in the District; provided, that the individual engages in the provision of care, consultation,
784 demonstration, or clinic in affiliation with a comparable health professional licensed, registered,
785 or certified pursuant to this act;”.

786 (3) Paragraph (3A) is amended by striking the phrase “retained to testify as an
787 expert witness” and inserting the phrase “retained to assess or evaluate a subject and testify as an
788 expert witness” in its place.

789 (ee) Section 503 (D.C. Official Code § 3-1205.03) is amended as follows:

790 (1) Subsection (a) is amended as follows:

791 (A) Paragraph (3) is amended by striking the phrase “and subchapters VI,
792 VII, VIII and VIII-A” and inserting the phrase “and subchapters VI, VII, VIII, VIII-A, VIII-B,
793 VIII-C, VIII-D, VIII-E, VIII-F, and VIII-G” in its place.

794 (B) Paragraph (4) is amended by striking the word “and” at the end.

795 (C) Paragraph (5) is amended by striking the period at the end and
796 inserting a semicolon in its place.

797 (D) New paragraphs (6) and (7) are added to read as follows:

798 “(6) Has not had a license, registration, or certification to practice a health
799 occupation revoked or suspended in another state if:

800 “(A) The basis of the license revocation or suspension would have
801 caused a similar result in the District; and

802 “(B) The revocation or suspension has not been terminated or the
803 applicant’s license has not been restored to good standing in the relevant state; and

804 “(7) Is not currently the subject of a pending disciplinary action regarding
805 the individual’s right to practice in another state.”.

806 (2) Subsection (c) is repealed.

807 (3) Subsection (d) is amended by striking the phrase “and subchapters VI, VII,
808 VIII and VIII-A” and inserting the phrase “and subchapters VI, VII, VIII, VIII-A, VIII-B, VIII-
809 C, VIII-D, VIII-E, VIII-F, and VIII-G” in its place.”.

810 (ff) Section 504 (D.C. Official Code § 3-1205.04) is amended as follows:

811 (1) Subsection (b) is amended by striking the phrase “Board of Chiropractic”
812 wherever it appears and inserting the phrase “Board of Medicine” in its place.

813 (2) Subsection (d-2) is amended by striking the phrase “completed a minimum of
814 500 hours of training in massage therapy.” and inserting the phrase “completed the training in
815 massage therapy required pursuant to rules promulgated by the Mayor.” in its place.

816 (3) Subsection (f)(1) is amended by striking the phrase “Board of Long-Term
817 Care Administration” and inserting “Board of Nursing” in its place.

818 (4) Subsection (g) is amended as follows

819 (A) Paragraph (1) is amended by striking the phase “Board of
820 Occupational Therapy” and inserting the phrase “Board of Rehabilitative Therapies” in its place.

(B) Paragraph (2)(A) is amended by striking the phrase “Board of Occupational Therapy” and inserting the phrase “Board of Rehabilitative Therapies” in its place.

(5) Subsection (j) is amended by striking the phrase “physical therapy assistant” wherever it appears and inserting the phrase “physical therapist assistant” in its place and by striking the phrase “Board of Physical Therapy” wherever it appears and inserting the phrase “Board of Rehabilitative Therapies” in its place.

(6) Subsection (l) is amended by striking the phrase “Board of Podiatry” and inserting the phrase “Board of Medicine” in its place.

(7) Subsection (o) is repealed.

(8) Subsection (p) is amended by striking the phrase “respiratory therapy” and inserting the phrase “respiratory care” in its place and by striking the phrase “Board of Respiratory Therapy” and inserting the phrase “Board of Respiratory Care” in its place.

(9) Subsection (t) is amended as follows:

(A) Paragraph (1) is amended by striking the word “midwifery” and inserting the phrase “certified professional midwifery” in its place.

(B) Paragraph (2) is amended by striking the word “midwifery” and inserting the phrase “certified professional midwifery” in its place.

(gg) Section 505 (D.C. Official Code § 3-1205.05) is amended as follows:

(1) Subsection (b) is amended by adding the sentence “An individual who does not have a social security number shall submit with the application a sworn affidavit, under penalty of perjury, stating that he or she does not have a social security number.” at the end.

(2) New subsections (c), (d), and (e) are added to read as follows:

843 “(c) While a post office box may be provided as the preferred mailing address, an
844 applicant shall provide their actual physical residential or business address for the record.

845 “(d) An applicant shall have the burden of establishing that they meet the
846 requirements for the license, registration, or certification sought.

847 “(e) Any document or information required by this act or a rule issued pursuant to
848 this act to be submitted for the issuance or renewal of a license, registration, or certification may
849 be submitted in electronic form in accordance with rules established by the Mayor.”.

850 (hh) Section 507 (D.C. Official Code § 3-1205.07) is amended by adding a new
851 subsection (c) to read as follows:

852 “(c) The Mayor may issue rules establishing standards and requirements by which a
853 board may assess and determine that an endorsement applicant possesses current competency
854 substantially equivalent to the competency standards required in the District notwithstanding that
855 the applicant may not have been licensed, registered, certified, or accredited by an accrediting
856 association or a state board under the standards that were substantially equivalent to the District’s
857 standards at the time of the licensure, registration, certification, or accreditation.”.

858 (ii) Section 508a (D.C. Official Code § 3-1205.08a) is amended to read as follows:

859 “Sec. 508a. Temporary license, registration, or certification.

860 “(a) A board may, in situations established by the Mayor through rule, such as the
861 existence of a public health emergency, issue a temporary license, registration, or certification
862 for a health care profession to an applicant if the applicant is licensed, registered, or certified and
863 in good standing in another jurisdiction to practice the same profession.

864 “(b) A temporary license, registration, or certification issued pursuant to this section shall
865 be valid for a fixed period of time established by the issuing board, subject to such limits as may
866 be established by the Mayor by rule.

867 “(c) For the purposes of this section, the term “in good standing” means that the applicant
868 has an active license and is not subject to any current public or private discipline, including
869 probation, suspension, revocation, or any other public or private practice restriction.

870 “(d) An applicant who previously held a license, registration or certification in the
871 District that was revoked or suspended shall be not eligible for a temporary license, registration,
872 or certification under this section.”.

873 (jj) Subsection 509(a)(2) (D.C. Official Code § 3-1205.09(a)(2)) is repealed.

874 (kk) Section 509a (D.C. Official Code § 3-1205.09a) is amended as follows:

875 (1) Subsection (a) is amended by striking the phrase “the Board” and inserting the
876 phrase “the Board of Medicine (“the Board”)” in its place.

877 (2) Subsection (b) is amended by striking the phrase “in any single year” and
878 inserting “in any single calendar year” in its place.

879 (3) Subsection (e)(4) is amended to read as follows:

880 “(4) All initial applicants shall pay a license fee of a minimum of \$ 500.”.

881 (4) Subsection (g)(2) is amended by striking the phrase “a fee of \$ 1,000,” and
882 inserting the phrase “a minimum fee of \$ 1,000,” in its place.

883 (ll) Section 510 (D.C. Official Code § 3-1205.10) is amended as follows:

884 (1) Subsection (a) is amended to read as follows:

885 “(a) The term of a license, registration, or certification shall not exceed 2 years;
886 except that the Mayor, by rule, may provide for a period of licensure, registration, or certification

of not more than 3 years. An expiring license, registration, or certification may be renewed in accordance with rules issued by the Mayor.”.

(2) A new subsection (a-1) is added to read as follows:

“(a-1) The Mayor may require a health professional to maintain the required qualifications for licensure, registration, or certification during the period of licensure, registration or certification or for the renewal of the license, registration, or certification.”.

(3) Subsection (b)(1) is repealed.

(4) Subsection (c) is amended as follows:

(A) The lead-in language is amended by striking the phrase “by first class mail” and inserting the phrase “by first class mail or electronic mail” in its place.

(B) Paragraph (2) is amended by striking the phrase “issued and mailed” and inserting the word “issued” in its place.

(5) Subsection (d)(2) is amended by striking the semicolon and inserting the phrase “pursuant to applicable provisions or rules promulgated under this act;” in its place.

(mm) Section 511 (D.C. Official Code § 3-1205.11) is amended as follows:

(1) Subsection (a) is amended by striking “on inactive status.” and inserting the phrase “on inactive status; provided that, the license, registration, or certification of the following health professionals shall not be eligible to be placed in inactive status: a nursing assistive personnel, a medical training licensee, a medical training registrant, a polysomnographic technician, a polysomnographic trainee, a speech-language pathology clinical fellow, or any other professional subject to this limitation by rulemaking.”.

(2) Subsection (c) is amended to read as follows:

909 “(c) Each board shall, subject to limitations specified in paragraph (a), issue a
910 license, registration, or certification to an individual who is on inactive status and who desires to
911 resume the practice of a health occupation if the individual:

912 “(1) Pays the fee established by the Mayor;

913 “(2) Seeks reactivation of the license, registration, or certification in
914 accordance with the rules governing the profession and complies with the continuing education
915 and criminal background check requirements in effect when the licensee, registrant, or person
916 certified seeks to reactivate the license, registration, or certification; and

917 “(3) Establishes to the satisfaction of the board that regulates the
918 profession that they possess the current competency to practice their health profession safely and
919 effectively, which may include compliance with a re-entry plan for individuals who have not
920 actively practiced their profession for a period of time as established by regulation.”.

921 (3) A new subsection (d) is added to read as follows:

922 “(d) The Mayor may establish by rules a maximum amount of time that a license,
923 registration, or certification may remain inactive in accordance with each professional standard.”.

924 (nn) A new section 511a is added to read as follows:

925 “Sec. 511a. Emeritus status.

926 “(a) For the purposes of this section, an emeritus status license, registration, or
927 certification permits the holder of the status to refer to themselves by the title of their license,
928 registration, or certification but does not permit the holder to engage in the practice within the
929 scope of the license, registration, or certification.

930 “(b) The Mayor may issue rules permitting emeritus status for a licensee, registrant, or
931 certificate holder meeting the following requirements:

932 “(1) The person has at least 10 years of relevant licensed, registered, or certified
933 practice in the District;

934 “(2) The person provides a declaration of retirement from active practice in all
935 jurisdictions in which the person is licensed, registered, or certified;

936 “(3) The person is not the subject of disciplinary action in any jurisdiction; and

937 “(4) The person has had no prior revocation or suspension of their license,
938 registration, or certification in any jurisdiction.

939 “(c) During the time that a person remains in emeritus status in a health profession, they
940 may not engage in active practice of that health profession in any jurisdiction.

941 “(d) An emeritus status holder may refer to themselves by the title of their license,
942 registration, or certificate but shall not, in any explicit or implied manner, hold themselves out to
943 others as a person permitted to engage in active practice of that profession.

944 “(e) The board may cancel an emeritus license, registration, or certificate for failure to
945 meet the requirements of subsections (b), (c), and (d) of this section.

946 “(f) The board may take disciplinary action against an emeritus status holder for violation
947 of section 501 or 514 of the District of Columbia Health Occupations Revision Act of 1985,
948 effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1205.01 or 3.1205.14).

949 “(g) An emeritus status holder may apply to change to an active license, registration, or
950 certification status within 5 years after the date emeritus status was granted by:

951 “(1) Paying the fee established by the Mayor;

952 “(2) Complying with the continuing education requirements in effect when the
953 emeritus holder seeks to return to active license, registration, or certification status;

954 “(3) Complying with any other current requirements for the reactivation of a
955 license, registration, or certification; and

956 “(4) Establishing to the board’s satisfaction that they possess the current
957 competency to practice their health profession.

958 “(h) An emeritus status holder may not return to active license, registration, or
959 certification more than 5 years after the grant of the emeritus status except by submitting an
960 application for a new license, registration, or certification and establishing to the satisfaction of
961 the board that they qualify for the license, registration, or certification and possess current
962 competency to practice that profession.”.

963 (oo) Section 512 (D.C. Official Code § 3-1205.12) is amended as follows:

964 (1) Subsection (a) is amended as follows:

965 (A) The lead-in language to subsection (a) is amended to read as follows

966 “(a) If a health professional fails for any reason to renew the license, registration, or
967 certification issued under this title prior to the expiration or during the period of late renewal, the
968 board regulating the health occupation shall reinstate the license, registration, or certification,
969 except as provided in subsections (b), (c), and (d), if the health professional:”.

970 (B) Paragraph (2) is amended to read as follows:

971 “(2) Complies with the current requirements for reinstatement of a license,
972 registration, or certification as specified by rules;”.

973 (2) Subsection (b) is amended to read as follows:

974 “(b) The board shall not reinstate the license, registration, or certification of a health
975 professional who fails to apply for reinstatement of a license, registration, or certification within
976 5 years after the license, registration, or certification expires. The health professional may

977 become licensed, registered, or certified by meeting the requirements for a new application
978 specified by rulemaking.”.

979 (4) New subsections (c) and (d) are added to read as follows:

980 “(c) Any individual who has not been in the active practice of his or her health profession
981 for more than 2 years preceding the date of the reinstatement application may be required,
982 pursuant to relevant rules, to submit proof satisfactory to the board of their competency to
983 practice, which may include training, testing, or practice monitoring as determined by the board.

984 “(d) A registration or certification of any nursing assistive personnel that has expired and
985 is not renewed may not be reinstated except as may be provided in rules issued by the Mayor.”.

986 (pp) Section 513(a)(4) (D.C. Official Code § 3-1205.13(a)(4)) is amended as follows:

987 (1) Subparagraph (A) is amended to read as follows:

988 “(A) Change of email address, address of the place of residence, or
989 address of the place of business or employment within 30 days after the relevant change;”.

990 (2) Subparagraph (C) is amended to read as follows:

991 “(C) Adverse event meeting the requirements of section 9 of the Health-
992 Care and Community Residence Facility Hospice and Home Care Licensure Act of 1983,
993 effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code § 44-508), within the time
994 specified by law.”.

995 (qq) Section 514 (D.C. Official Code § 3-1205.14) is amended as follows:

996 (1) Subsection (a) (D.C. Official Code § 3-1205.14(a)) is amended as follows:

997 (A) The lead-in language is amended by striking the phrase “, an applicant
998 to establish or operate a school of nursing or nursing program,”.

999 (B) Paragraph (3) is amended to read as follows:

1000 “(3) Is disciplined by a licensing, disciplinary, or regulatory authority,
1001 professional interstate compact, or peer review body, has entered into a Corporate Integrity
1002 Agreement or other agreement with the federal government in lieu of legal sanction, or is
1003 convicted or disciplined by a court of any jurisdiction for conduct that would be grounds for
1004 disciplinary action under this section; for the purposes of this paragraph, the term "convicted"
1005 means the entry of a finding of guilt by a judge or jury, or the acceptance or entry of a guilty
1006 plea, a judgment, or any admission of guilt, including a plea of nolo contendere, an Alford plea,
1007 deferred sentence, or deferred judgment;”.

1008 (C) Paragraph (19) is amended to read as follows:

1009 “(19) Prescribes, dispenses, takes, acquires, appropriates for one’s own or
1010 another’s use, or administers drugs when not authorized to do so;”.

1011 (D) Paragraph (20) is amended to read as follows:

1012 “(20) Fails to exercise appropriate supervision over persons who are authorized to
1013 practice only under the supervision of the licensee, registrant, or certificate holder;”.

1014 (E) Paragraph (25) is amended by striking the phrase “, or fails to conduct
1015 business with honesty and fair dealing with employees or students in his or her school of nursing
1016 or nursing program, the District of Columbia, a state, the federal government, or the public”.

1017 (F) A new paragraph (26A) is added to read as follows:

1018 “(26A) Performs treatments or services without informed consent by the patient,
1019 client, or his or her legal representative, except as provided under section 1 of An Act to relieve
1020 physicians of liability negligent medical treatment at the scene of an accident in the District of
1021 Columbia, approved November 8, 1965 (79 Stat. 1302; D.C. Official Code § 7-401);”.

1022 (G) Paragraph (27) is amended by striking the phrase “negotiated
1023 settlement” and inserting the phrase “negotiated settlement agreement” in its place.

1024 (H) Paragraph (30) is amended by striking the semicolon and inserting the
1025 phrase “, or without the withdrawing health professional providing a referral or list of alternative
1026 providers;” in its place.

1027 (I) A new paragraph (30A) is added to read as follows:

1028 “(30A) Neglects or verbally or physically abuses a patient or client; for the
1029 purposes of this subsection the term “verbal abuse” includes yelling, screaming, shouting,
1030 threats, intimidation, insulting, or name calling by the health professional or his or her staff;”.

1031 (J) Paragraph (32) is amended by striking the phrase “HIV positive;” and
1032 inserting the phrase “HIV positive or is regarded as HIV positive;” in its place.

1033 (K) Paragraph (51) is amended by striking the word “or” at the end.

1034 (L) Paragraph (52) is amended by striking the period at the end and
1035 inserting a semicolon in its place.

1036 (M) New paragraphs (53), (54), and (55) are added to read as follows:

1037 “(53) Engages in conduct in his or her practice that is unprofessional or
1038 creates a deleterious impact on the public’s impression of the profession, or that denies a patient
1039 or client an atmosphere of safety and health while undergoing treatment;

1040 “(54) Allows staff or persons under their supervision or employment to
1041 engage in conduct that is unprofessional in their interaction with patients or clients; or

1042 “(55) Fails to maintain the minimum requirements for licensure,
1043 registration, or certification during the period of licensure, registration or certification.”.

1044 (2) Subsection (c) (D.C. Official Code § 3-1205.14(c)) is amended as follows:

1045 (A) Paragraph (1) is amended by striking the phrase “or an application to
1046 establish a school of nursing or nursing program”.

1047 (B) Paragraph (4) is amended by striking the semicolon and inserting the
1048 phrase “; provided that the reprimand may subsequently be removed from the individual’s record
1049 upon approval by the board as authorized by rule;” in its place.

1050 (C) Paragraph (7) is amended by striking the word “or” at the end.

1051 (D) Paragraph (8) is amended by striking the period at the end and
1052 inserting the phrase “; or” in its place.

1053 (E) A new paragraph (9) is added to read as follows:

1054 “(9) Limit or restrict the practice of the person.”.

1055 (rr) New sections 514a and 514b are added to read as follows:

1056 “Sec. 514a. Negotiated settlement agreement.

1057 “(a) A board may, in its discretion, enter into a non-disciplinary settlement agreement
1058 with a person in lieu of disciplinary action; provided that the conduct underlying the agreement
1059 meets the following requirements:

1060 “(1) The board is satisfied that there is little or no harm or substantive possibility
1061 of future harm to a client, patient, or the public;

1062 “(2) The board determines that the conduct involves issues of minor concern; and

1063 “(3) The matter does not involve gross negligence, intentional misconduct, or
1064 criminal conduct by the party or entity.

1065 “(b) A non-disciplinary settlement agreement shall not constitute a disciplinary action,
1066 but the conduct underlying the agreement may be considered in the board’s review of future
1067 conduct of a similar nature.”

1068 “Sec. 514b. Disciplinary or adverse action against nursing education or nursing assistive
1069 personnel training programs.

1070 “(a) The Board of Nursing, subject to the right to a hearing provided by this title, may
1071 deny or withdraw approval of a nursing education program or a nursing assistive personnel
1072 training program for any of the following:

1073 “(1) The program fails to meet the standards established by the Mayor through
1074 rulemaking;

1075 “(2) The program, or an individual responsible for the program, fails to conduct
1076 its business with honesty and fair dealing toward its employees, its students, the government, and
1077 the public;

1078 “(3) The program, or an individual responsible for the program, has engaged or
1079 attempted to engage in falsification of documents or records;

1080 “(4) The program, or an individual responsible for the program, fraudulently or
1081 deceptively obtains or attempts to obtain approval of a program; or

1082 “(5) The program, or an individual responsible for the program, has violated any
1083 applicable District law or regulation.”.

1084 (ss) Section 517(b) (D.C. Official Code § 3-1205.17(b)) is amended by striking the
1085 phrase “revoking or suspending the license,” and inserting the phrase “revoking, suspending, or
1086 accepting the surrender of the license,” in its place.

1087 (tt) Section 519 (D.C. Official Code § 3-1205.19) is amended as follows:

1088 (1) A new subsection (a-2) is added to read as follows:

1089 “(a-2) Before the Board of Nursing takes an action pursuant to section 514b, it
1090 shall give the program or operator of the program an opportunity for a hearing before the Board
1091 in accordance with this section.”.

1092 (2) Subsection (b) is amended by striking the phrase “or person certified” and
1093 inserting the phrase “person certified, or person or entity operating a nursing education or
1094 nursing assistive personnel training program” in its place.

1095 (uu) Section 522(a) (D.C. Official Code § 3-1205.22(a)) is amended to read as follows:

1096 “(a) Subject to the limitations in section 514(f), and except in granting a temporary
1097 nursing assistive personnel registration or certification to an applicant under 18 but at least 16
1098 years of age pursuant to section 907(b), no initial, reactivated, or reinstated license, registration,
1099 or certification shall be issued to a health professional before a criminal background check has
1100 been conducted for that person. The applicant for a license, registration, or certification shall pay
1101 the fee established by the Mayor for the criminal background check. The Mayor may also
1102 require, by rule, that a criminal background check be conducted for the renewal of a license,
1103 registration, or certification, and the Mayor may establish, by rule, a fee for such criminal
1104 background check.”.

1105 (vv) A new section 525 is added to read as follows:

1106 “Sec. 525. Disciplinary records.

1107 “(a) Disciplinary records include:

1108 “(1) Complaints;

1109 “(2) Reports by employers of negative actions;

1110 “(3) Investigative reports;

1111 “(4) Medical records;

1112 “(5) Personnel records;

1113 “(6) Correspondence with the licensee, registrant, certificate holder, and other

1114 individuals involved in an investigation or complaint;

1115 “(7) Correspondence from the National Practitioners Data Bank;

1116 “(8) Correspondence from the Department of Health and Human Services about

1117 insurance exclusion;

1118 “(9) Minutes of any board action regarding the specific licensee, registrant,

1119 certificate holder or applicant;

1120 “(10) Notices of Intent to take Disciplinary Action or to Deny a License;

1121 “(11) Letters of Concern;

1122 “(12) Negotiated Settlement Agreements;

1123 “(13) Orders to Answer;

1124 “(14) Orders for Fitness to Practice Evaluations or other physical or mental

1125 examinations;

1126 “(15) Reports or correspondence from any monitoring entities;

1127 “(16) Consent Orders;

1128 “(17) Recommended Orders and Final Orders; and

1129 “(18) Notices of Summary Suspension.

1130 “(b) Consent Orders, Final Orders, and Notices of Summary Suspensions shall be public

1131 documents, posted on the Department of Health website and, if applicable, reported to the

1132 National Practitioner's Data Bank.

1133 “(c) Medical records, Orders for Fitness to Practice Evaluations, or other types of

1134 physical and mental evaluations, and the resulting reports, shall be exempt from disclosure under

1135 the Freedom of Information Act of 1976, effective March 31, 1977 (D.C. Law 1-96; D.C.
1136 Official Code § 2-531 *et seq.*).

1137 “(d) Notwithstanding the provisions of any other law, the Director of the Department of
1138 Health may provide information regarding a past or pending investigation of or disciplinary
1139 action against any licensee, registrant, or certificate holder, or applicant for licensure,
1140 registration, or certification by that board to any District licensing authority or a licensing
1141 authority of any jurisdiction, upon request. This authorization shall not apply to information
1142 that is confidential pursuant to subsection (c) of this section. Nothing in this act shall limit the
1143 authority of the Director to disclose to any person or entity information concerning the existence
1144 of any investigation for unlicensed practice being conducted against any person who is neither
1145 licensed, registered, or certified, nor an applicant for licensure, registration, or certification.”.

1146 (ww) Section 601(a) (D.C. Official Code § 3-1206.01(a)) is amended by striking the
1147 phrase “by this title.” and inserting the phrase “by this title and any rules promulgated pursuant
1148 to this title.”.

1149 (xx) Section 603 (D.C. Official Code § 3-1206.03) is repealed.

1150 (yy) Subsection 604(4) (D.C. Official Code § 3-1206.04(4)) is amended by striking the
1151 word “board” and inserting the word “Mayor” in its place.

1152 (zz) A new section 605a is added to read as follows:

1153 “Sec. 605a. Certified registered nurse anesthetist.

1154 “In addition to the general functions specified in § 604, a certified registered nurse
1155 anesthetist may plan and deliver anesthesia, pain management, and related care to patients or
1156 clients of all health complexities across the lifespan.”.

1157 (aaa) A new section 606a is added to read as follows:

1158 “Sec. 606a. Certified nurse-midwife.

1159 In addition to the general functions specified in section 604, a certified nurse-midwife
1160 may provide primary care, gynecologic and family planning services, preconception care, care
1161 during pregnancy, childbirth, and the post-partum period, care of the normal newborn during the
1162 first 28 days of life, and treatment of male partners for sexually transmitted infections.”.

1163 (bbb) New sections 607a and 607b are added to read as follows:

1164 “Sec. 607a. Certified nurse practitioner.

1165 “(a) In addition to the general functions specified in § 604, a certified nurse practitioner
1166 may provide a full range of primary, acute and specialty healthcare services, including:

1167 “(1) Ordering, performing and interpreting diagnostic tests such as lab work and
1168 x-rays;

1169 “(2) Diagnosing and treating acute and chronic conditions such as diabetes, high
1170 blood pressure, infections, and injuries;

1171 “(3) Prescribing medications and other treatments;

1172 “(4) Managing patients’ or clients’ overall care;

1173 “(5) Counseling;

1174 “(6) Educating patients on disease prevention and positive health and lifestyle
1175 choices; and

1176 “(7) Any other functions and role as prescribed by rules.”.

1177 “Sec. 607b. Certified clinical nurse specialist.

1178 “(a) In addition to the general functions specified in § 604, a certified clinical nurse
1179 specialist may provide diagnosis, treatment, and ongoing management of patients or clients
1180 related to specific specialties, including:

1181 “(1) Populations (such as pediatrics, geriatrics, women’s health);

1182 “(2) Settings (such as critical care or emergency room);

1183 “(3) Diseases or medical subspecialties (such as diabetes or oncology);

1184 “(4) Types of care (such as psychiatric or rehabilitation); or

1185 “(5) Types of problem (such as pain, wounds, stress).

1186 “(b) The practice of a clinical nurse specialist includes:

1187 “(1) Providing for the continuous improvement of patient or client outcomes and

1188 nursing care;

1189 “(2) Practicing within the core competencies and behaviors specified by the

1190 National Association of Clinical Nurse Specialists or other national certifying body recognized

1191 by the Board;

1192 “(3) Creating therapeutic environments through mentoring and system changes;

1193 “(4) Practicing with individual clients, families, groups, and populations of

1194 clients; and

1195 “(5) Any other functions and roles prescribed by rules.”.

1196 (ccc) A new section 608a is added to read as follows:

1197 “Sec. 608a. Qualifications, certification.

1198 “(a) In addition to the general qualifications for license set forth in title V and any

1199 requirements the Mayor may establish by rule, a certified registered nurse anesthetist shall:

1200 “(1) Be a registered nurse holding a current, valid license pursuant to this act and

1201 be in good standing with no action pending or in effect against his or her license;

1202 “(2) Possess at least a master’s degree from a program accredited by the Council

1203 on Accreditation of Nurse Anesthesia Educational Programs; and

1204 “(3) Successfully complete the National Certification Examination administered
1205 by the National Board of Certification and Recertification for Nurse-Anesthetists (“NBCRNA”)
1206 and hold current NBCRNA certification.

1207 “(b) In addition to the general qualifications for license set forth in title V and any
1208 requirements the Mayor may establish by rule, a certified nurse-midwife shall:

1209 “(1) Be a registered nurse holding a current, valid license pursuant to this act and
1210 be in good standing with no action pending or in effect against his or her license;

1211 “(2) Possess at least a master’s degree from a program accredited by the
1212 Accreditation Commission for Midwifery Education; and

1213 “(3) Successfully complete the certification examination administered by the
1214 American Midwifery Certification Board (“AMBC”) and hold current AMBC certification as a
1215 Certified Nurse-Midwife.

1216 “(c) In addition to the general qualifications for license set forth in title V and any
1217 requirements the Mayor may establish by rule, a certified nurse practitioner shall:

1218 “(1) Be a registered nurse holding a current, valid license pursuant to this act and
1219 be in good standing with no action pending or in effect against his or her license;

1220 “(2) Possess at least a Master of Science in Nursing from a program accredited by
1221 a national nursing organization recognized by the Board of Nursing; and

1222 “(3) Successfully complete a national certification examination administered by a
1223 national nurse practitioner certifying organization recognized by the Board of Nursing and hold a
1224 current certification in the relevant population focus.

1225 “(d) In addition to the general qualifications for license set forth in title V and any
1226 requirements the Mayor may establish by rule, a clinical nurse specialist shall:

1227 “(1) Be a registered nurse holding a current, valid license pursuant to this act and
1228 be in good standing with no action pending or in effect against his or her license;

1229 “(2) Possess at least a Master of Science in Nursing from a program accredited by
1230 a national nursing organization recognized by the Board of Nursing; and

1231 “(3) Successfully complete a national certification examination administered by a
1232 national nurse practitioner certifying organization recognized by the Board of Nursing and hold
1233 current certification in the relevant population focus.”.

1234 (ddd) Section 701 (D.C. Official Code § 3-1207.01) is amended as follows:

1235 (1) Subsection (a) is amended as follows:

1236 (A) The lead-in language is amended by striking the phrase “a dietitian
1237 shall:” and inserting the phrase “a person may qualify for a dietitian-nutritionist license under
1238 this section by:” in its place.

1239 (B) Paragraph (1) is amended by striking the word “Hold” and inserting
1240 the word “Holding” in its place.

1241 (C) Paragraph (2) is amended by striking the word “complete” and
1242 inserting the word “completing” in its place.

1243 (2) Subsection (b) is repealed.

1244 (3) Subsection (c) is amended as follows:

1245 (A) The lead-in language is amended to read as follows:

1246 “(c) Notwithstanding the provisions of paragraph (a) above, a person may qualify for a
1247 dietitian-nutritionist license if, in addition to the general qualifications for licensure set forth in
1248 title V, and any requirements the Mayor may establish by rule, the person:”.

1249 (B) Paragraph (1) is amended by striking the word “Hold” and inserting
1250 the word “Holds” in its place.

1251 (C) Paragraph (2) is amended to read as follows:

1252 “(2) Has successfully completed the Certification Examination for Nutrition
1253 Specialists offered by the Board for Certification of Nutrition Specialists, the Registration
1254 Examination for Dietitians offered by the Commission on Dietetic Registration, or the
1255 Certification Examination for a Diplomate of the American Clinical Board of Nutrition.”.

1256 (4) Paragraph (d) is amended by striking the phrase “dietitian or nutritionist” and
1257 inserting the word “dietitian-nutritionist” in its place.

1258 (eee) A new section 703 is added to read as follows:

1259 “Sec. 703. Consolidation of licenses and transition of previously issued licenses.

1260 “(a) All active dietetic and nutrition licenses issued before the effective date of the Health
1261 Occupations Revision General Amendment Act of 2023 shall, if renewed, be issued upon
1262 renewal as dietitian-nutritionist licenses.

1263 “(B) Any rules regarding dietetic and nutrition licenses and practice that were issued
1264 before the consolidation of the dietetic and the nutrition licenses shall continue to be effective
1265 until amended or rescinded.”.

1266 (fff) Section 710 (D.C. Official Code § 3-1207.10) is amended to read as follows:

1267 “Sec. 710. Qualifications for licensure.

1268 “(a) The Board of Professional Counseling shall license as a professional counselor a
1269 person who, in addition to meeting the requirements of title V and any requirements the Mayor
1270 may establish by rule, has satisfactorily passed the national examination adopted by the Board,
1271 possesses a Master’s degree in counseling or a related subject from an accredited college or

1272 university consisting of at least 60 hours of postgraduate education, and has completed 2 years of
1273 supervised counseling experience.

1274 “(b) The Board of Professional Counseling shall license as a graduate professional
1275 counselor a person who, in addition to meeting the requirements of title V and any requirements
1276 the Mayor may establish by rule, has satisfactorily completed the national examination adopted
1277 by the Board and possesses a Master’s degree in counseling or a related subject from an
1278 accredited college or university, consisting of at least 48 hours of graduate education.

1279 “(c) The Board of Professional Counseling may license, by endorsement, a professional
1280 counselor who, in addition to meeting the requirements of title V and any requirements the
1281 Mayor may establish by rule, is currently licensed in another state in good standing and:

1282 “(1) Has engaged in independent professional counseling practice providing
1283 clinical counseling for at least 5 years pursuant to such license; or

1284 “(2) Has held an independent professional counseling license for at least 3 years
1285 and possesses the National Certified Counseling credential issued by the National Board of
1286 Certified Counselors.”.

1287 (ggg) Section 761 (D.C. Official Code § 3-1207.61) is amended as follows:

1288 (1) The section is amended by striking the phrase “Board of Pharmacy” wherever
1289 it appears and inserting the phrase “Board of Medicine” in its place.

1290 (2) Subsection (c)(1)(A) is amended by striking the phrase “biological sciences
1291 and chemistry” and inserting the phrase “biological sciences or chemistry” in its place.

1292 (3) Subsection (e)(1)(B) is amended by striking the phrase “a regionally
1293 accredited” and inserting the phrase “an accredited” in its place.

(4) Subsection (e)(2) is amended by striking the phrase “blood banking, chemistry,” and inserting the phrase “blood banking, chemistry, hematology,” in its place.

(hhh) Section 763 (D.C. Official Code § 3-1207.63) is amended as follows:

(1) Subsection (a) is amended as follows:

(A) Paragraph (1) is repealed.

(B) Paragraph (6) is amended to read as follows:

“(6) A pathologist or other licensed physician, dentist, podiatrist or doctoral-level scientist who meets the minimum qualifications to serve as a clinical laboratory director as set forth in this act;”.

(C) Paragraph (8) is amended as follows:

(i) Subparagraph (A) is amended as follows:

(I) The lead-in language is amended by striking the phrase “laboratory director” wherever it occurs and inserting the phrase “clinical laboratory director” in its place.

(II) Sub-subparagraph (vi) is amended by striking the phrase “; and” and inserting a semicolon in its place.

(ii) Subparagraph (B) is amended by striking the period at the end and inserting the phrase “; and” in its place.

(iii) A new subparagraph (C) is added to read as follows:

“(C) The testing is restricted to those tests that are waived in accordance with section 353 of the Public Health Service Act, approved December 5, 1967 (81 Stat. 536; 42 U.S.C. §263a).”.

(2) Subsection (b) is amended as follows:

1317 (A) Paragraph (1) is amended as follows:

1318 (i) The lead-in language is amended by striking the phrase

1319 “Laboratory director” and inserting the phrase “Clinical laboratory director” in its place.

1320 (ii) Subparagraph (A) is amended as follows:

1321 (I) The lead-in language is amended by striking the phrase

1322 “A physician or dentist” and inserting the phrase “A physician, dentist, or doctoral-level

1323 scientist” in its place.

1324 (II) Sub-subparagraph (iii) is amended by striking the

1325 phrase “national accrediting board in at least one of the laboratory specialties;” and inserting the

1326 phrase “national accrediting body recognized by the Board;” in its place.

1327 (B) A new paragraph (1A) is added to read as follows:

1328 “(1A) “Medical laboratory” means a laboratory that is authorized to perform

1329 moderate high complexity and point-of-care tests that are deemed non-waived tests in

1330 accordance with section 353 of the Public Health Service Act, approved December 5, 1967 (81

1331 Stat. 536; 42 U.S.C. §263a).”.

1332 (iii) Section 831 (D.C. Official Code § 3-1208.31) is amended as follows:

1333 (1) Subsection (a) is amended by striking the phrase “Marriage and Family

1334 Therapy” and inserting “Board of Professional Counseling” in its place.

1335 (2) Subsection (b)(1) is amended to read as follows:

1336 “(1) A graduate degree in marriage and family therapy from a program accredited

1337 by the Commission on Accreditation for Marriage and Family Therapy Education, or a graduate

1338 degree from a regionally accredited educational institution and an equivalent course of study

1339 consisting of at least 60 semester hours or 90 quarter credits as approved by the Board; and”.

1340 (jjj) Section 841 (D.C. Official Code § 3-1208.41) is amended as follows:

1341 (1) Subsection (a) is amended as follows:

1342 (A) The lead-in language is amended by striking the phrase “Audiology
1343 and Speech-Language Pathology” and inserting the phrase “Rehabilitative Therapies” in its
1344 place.

1345 (B) Paragraph (3) is amended by striking the phrase “supervised
1346 postgraduate professional practice” and inserting the phrase “supervised practice” in its place.

1347 (2) Subsection (b) is amended by striking the phrase “Audiology and Speech-
1348 Language Pathology” and inserting the phrase “Rehabilitative Therapies” in its place.

1349 (3) Subsection (c) is repealed.

1350 (kkk) Section 853 (D.C. Official Code § 3-1208.53) is repealed.

1351 (lll) Section 854 (D.C. Official Code § 3-1208.54) is repealed.

1352 (mmm) Section 871 (D.C. Official Code § 3-1208.71) is amended as follows:

1353 (1) Subsection (a)(1) is amended as follows:

1354 (A) Subparagraph (A) is amended by striking the word “or” at the end.

1355 (B) Subparagraph (B) is repealed.

1356 (C) Paragraph (2) is amended by striking the phrase “direct supervision”
1357 and inserting the phrase “immediate supervision” in its place.

1358 (2) Subsection (b)(1) is amended as follows:

1359 (A) Subparagraph (A) is amended by striking the phrase “; or” and
1360 inserting a period in its place.

1361 (B) Subparagraph (B) is repealed.

(nnn) Section 872 (D.C. Official Code § 3-1208.72) is amended by striking the period at the end and inserting the phrase “, unless further time is granted by the Mayor through rulemaking.” in its place.

(ooo) New titles VIII-F and VIII-G are added to read as follows:

“TITLE VIII-F.
“CATEGORIES AND QUALIFICATIONS REQUIRED FOR THE PRACTICE OF
“PSYCHOLOGY.

“Sec. 881. License and registration requirements.

“(a) No person may practice psychology in the District without one of the following authorizations:

“(1) A health services psychology license, which is required for the practice of psychology as defined in section 102(16)(A);

“(2) A general applied psychology license, which is required for the practice of psychology within the scope of section 102(16)(A)(ii);

“(3) A school psychology registration, which is required for the practice of psychology within the scope of section 102(16)(A)(iii); and

“(4) A psychology associate registration, which is required for the practice of psychology within the scope of section 102(16)(A)(I).

“(b) All active psychology licenses issued before the effective date of the Health Occupations Revision General Amendment Act of 2023 shall, if renewed, be issued upon renewal as health services psychology licenses.

“(c) Notwithstanding subsection (a) of this section, for 24 months after the effective date of the Health Occupations Revision General Amendment Act of 2023, or such longer period of time which may be established by the Mayor through rulemaking, a person who has been

1387 practicing general applied psychology or school psychology before the effective date of the
1388 Health Occupations Revision General Amendment Act of 2023 may continue to practice without
1389 the licensure or registration required pursuant to section 501(a)(1) or (2); provided that such
1390 person applies for the relevant license or registration within 24 months after the effective date of
1391 the Health Occupations Revision General Amendment Act of 2023 .

1392 “Sec. 882. Qualifications.

1393 “(a) An individual applying for a license to practice health services psychology or general
1394 applied psychology shall establish to the satisfaction of the Board of Psychology that the
1395 individual has:

1396 “(1) Earned a doctoral degree in psychology from an accredited college or
1397 university;

1398 “(2) Completed at least 2 years of experience in such areas of practice as shall be
1399 required by the Mayor through rulemaking, at least one year of which shall be postdoctoral
1400 experience.

1401 “(b) An individual applying for a registration to practice school psychology shall meet
1402 such education and training requirements as may be established by the Mayor through
1403 rulemaking.

1404 “(c) An individual applying for registration as a psychology associate shall have
1405 graduated from an accredited college or university with at least a master’s degree based on a
1406 program of studies focusing on psychology, or a program judged by the Board to be substantially
1407 equivalent in subject matter and extent of training to a master’s or doctoral degree in psychology.

1408 “(d) The Mayor may establish by rules additional qualifications for licensure or
1409 registration under this title.

1410 “(e) Individuals currently practicing as general applied psychologists or school
1411 psychologists who do not meet the qualifications of this section shall be eligible for licensure or
1412 registration if they apply for a license or registration within 24 months after the effective date of
1413 the Health Occupations Revision General Amendment Act of 2023.

1414 “Sec. 883. Limitations.

1415 “(a) A registered school psychologist shall not practice psychology as defined under
1416 section 102(16)(A)(i) or (ii) without an authorization required for such practice.

1417 “(b) A psychology associate shall not practice except under the supervision of a licensed
1418 health services psychologist.”.

1419 “TITLE VIII-G.
1420 “CATEGORIES AND QUALIFICATIONS REQUIRED FOR THE PRACTICE OF MEDICAL
1421 “RADIATION TECHNOLOGY.

1422
1423 “Sec. 891. Qualifications for licensure.

1424 “(a) The categories of licensure for the practice of medical radiation technology shall be
1425 as follows:

1426 “(1) Cardiovascular-interventional technologist;

1427 “(2) Computed tomography technologist or radiographer;

1428 “(3) Magnetic resonance technologist;

1429 “(4) Mammographer;

1430 “(5) Nuclear medicine technologist;

1431 “(6) Radiation therapist;

1432 “(7) Radiologist assistant;

1433 “(8) Radiographer; and

1434 “(9) Ultrasound technologist.

1435 “(b) The Board of Medicine shall issue a license to practice medical radiation technology,
1436 in a category established by this subsection to an individual who, in addition to meeting the
1437 requirements of title V. has:

1438 “(1) Graduated from an accredited program in radiologic technology that
1439 incorporates the academic coursework and minimum of hours of supervised clinical training
1440 required by regulations issued by the Mayor and that is accredited by the Joint Review
1441 Committee on Education in Radiologic Technology, or a successor organization, as recognized
1442 by the U.S. Department of Education;

1443 “(2) Passed a national certification examination from a body recognized by the
1444 Board; and

1445 “(3) Met all other requirements established by regulation.

1446 “Sec. 892. Limitations on practice.

1447 “(a) A person licensed under this title may only practice under the supervision of a
1448 licensed physician or a licensed advanced practice registered nurse.

1449 “(b) The practice of a cardiovascular-interventional technologist, computed tomography
1450 technologist, magnetic resonance technologist, mammographer, nuclear medicine technologist,
1451 radiation therapist, radiographer, radiologist assistant, or ultrasound technologist is limited to
1452 those procedures, operations, preparations and practices permitted by regulation.

1453 “Sec. 893. Transition of licensed and registered medical radiation practitioners.

1454 “For a period of one year after the effective date of implementing regulations issued
1455 pursuant to this chapter, unless further time is granted by the Mayor through rulemaking, a
1456 person who has received appropriate training for the tasks assigned may, regardless of licensure
1457 status, practice as a medical radiation practitioner, cardiovascular-interventional technologist,

1458 computed tomography technologist, magnetic resonance technologist, mammographer, nuclear
1459 medicine technologist, radiographer, radiologist assistant, or ultrasound technologist. After a
1460 period of one year, or further time if authorized by the Mayor pursuant to rulemaking, a license
1461 shall be required for any person to work or identify themselves as a medical radiation
1462 practitioner, cardiovascular-interventional technologist, computed tomography technologist,
1463 magnetic resonance technologist, mammography technologist, nuclear medicine technologist,
1464 radiographer, radiologist assistant, or ultrasound technologist.”.

1465 (ppp) Section 902 (D.C. Official Code § 3-1209.02) is amended as follows:

1466 (1) The title of the section is amended by striking the word “recreation”.

1467 (2) Subsection (a) is amended by striking the phrase “or recreation therapy”.

1468 (3) Subsection (b) is amended by striking the phrase “or recreation therapy”.

1469 (4) Subsection (c) is amended by striking the phrases “or recreation therapist” and
1470 “or recreation therapists”.

1471 (qqq) Section 903 (D.C. Official Code § 3-1209.03) is repealed.

1472 (rrr) Section 906 (D.C. Official Code § 3-1209.06) is repealed.

1473 (sss) Section 907 (D.C. Official Code § 3-1209.07) is amended to read as follows:

1474 “Sec. 907. Nursing assistive personnel; registration or certification required.

1475 “(a) A registration or certification is required for a person seeking to practice as nursing
1476 assistive personnel in the District in accordance with the rules established by the Mayor.

1477 “(b) The Mayor shall issue rules pursuant to the District of Columbia Administrative
1478 Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*),
1479 setting forth the standards of education and experience required to qualify as nursing assistive
1480 personnel; provided that notwithstanding the requirement of section 503(a)(3), the Mayor may,

1481 in accordance with rules issued by the Mayor, grant a temporary registration or certification to an
1482 applicant who is at least 16 years of age, who shall be required to apply for and receive a regular,
1483 full registration or certification prior to reaching the age of 18 to continue to practice.”.

1484 (ttt) Section 908 (D.C. Official Code § 3-1209.08) is repealed.

1485 (uuu) Section 909(a)(1) (D.C. Official Code § 3-1209.09(a)(1)) is amended by striking
1486 the phrase “Audiology and Speech-Language Pathology” and inserting the phrase “Rehabilitative
1487 Therapies” in its place.

1488 (vvv) Section 910(a)(2) (D.C. Official Code § 3-1209.10(a)(2)) is amended by striking
1489 the phrase “Audiology and Speech-Language Pathology” and inserting the phrase “Rehabilitative
1490 Therapies” in its place.

1491 (www) Section 911(a)(1) (D.C. Official Code § 3-1209.11(a)(1)) is amended by striking
1492 the phrase “Audiology and Speech-Language Pathology” and inserting the phrase “Rehabilitative
1493 Therapies” in its place.

1494 (xxx) Section 912 (D.C. Official Code § 3-1209.12) is amended as follows:

1495 (1) Subsection (a) is amended to read as follows:

1496 “(a) For the purposes of this section, the word “phlebotomist” means an
1497 individual who withdraws blood by venipuncture or skin puncture for clinical laboratory test
1498 purposes.”.

1499 (2) Subsection (b) is amended to read as follows:

1500 “(b) No person shall practice as a phlebotomist in the District unless the person is
1501 registered with the Board of Medicine.”.

1502 (yyy) A new section 913 is added to read as follows:

1503 “Sec. 913. Doula.

“(a) For the purposes of this section, the word “doula” means an individual certified by the Board of Medicine to provide culturally competent and continuous physical, emotional, and informational support to a birthing parent during pregnancy, labor, birth, and postpartum, including:

“(1) Providing support to pregnant individuals and their families, including surrogates and adoptive parents;

“(2) Conducting prenatal and postpartum visits;

“(3) Accompanying pregnant individuals to health care and social service appointments;

“(4) Connecting individuals to medical, community-based, or government-funded resources, including those addressing social determinants of health; and

“(5) Providing support to individuals following either the loss of pregnancy or birth of a child for up to one year.

“(b) A doula shall not:

“(1) Perform clinical tasks or replace trained licensed medical professionals; or

“(2) Engage in the practice of medicine as defined in section 102(7).”.

(zzz) Section 1003 (D.C. Official Code § 3-1210.03) is amended as follows:

(1) Subsection (a) is amended by striking the word “acupuncturist,” and inserting the phrase “acupuncturist”, “L.Ac.”, in its place.

(2) Subsection (f) is amended by striking the word “dietician/nutritionist” and inserting the word “dietitian-nutritionist” in its place.

(3) Subsection (m-1) is amended by striking the word “therapy” wherever it appears and inserting the word “therapist” in its place.

1527 (4) Subsection (q) is amended to read as follows:

1528 “(q) Unless authorized to practice psychology under this act, a person shall not
1529 use the words or terms “psychology”, “psychologist”, “health services psychologist”, “general
1530 applied psychologist”, “school psychologist”, “psychology associate”, or similar title or
1531 description of services with the intent to represent that the person practices psychology.

1532 (5) Subsection (v) is amended to read as follow:

1533 “(v) Unless authorized to practice massage therapy under this act, a person shall
1534 not use or imply the use of the words or terms “massage therapy”, “therapeutic massage”,
1535 “myotherapy”, “bodyrub”, “licensed massage therapist”, or “licensed massage practitioner”, or
1536 similar title or description of services, or the initials “LMT” or “LMP”, with the intent to
1537 represent that the person practices massage.”.

1538 (6) Subsection (hh) is repealed.

1539 (7) New subsections (ll), (mm), (nn), and (oo) are added to read as follows:

1540 “(ll) Unless authorized to practice certified professional midwifery under this act,
1541 a person shall not use or imply the use of the words or terms “certified professional midwife”,
1542 “licensed midwife”, or any similar title or description of services with the intent to represent that
1543 the person practices midwifery as a certified professional midwife.

1544 “(mm) Unless authorized to practice recreational therapy under this act, a person
1545 shall not use the words or terms “recreational therapy”, “recreational therapist”, “licensed
1546 recreational therapist”, “RT”, “L.R.T.”, “CTRS/L”, “certified therapeutic recreation specialist
1547 licensed,” “registered recreational therapist licensed (RRT/L)”, or any similar title or description
1548 of services with the intent to represent that the person practices recreational therapy.

1549 “(nn) Unless authorized to practice as a doula under this act, a person shall not use
1550 the word or term “doula” or any similar title or description of services with the intent to represent
1551 that the person practices as or provides any type of doula services.

1552 “(oo) Unless authorized to practice medical radiation technology under this act, a
1553 person shall not use or imply the use of the words or terms “cardiovascular-interventional
1554 technologist”, “computed tomography technologist”, “radiographer”, “magnetic resonance
1555 technologist”, “MRI technologist”, “mammography technologist”, “mammographer”, “medical
1556 radiation technologist”, “nuclear medicine technologist”, “radiologist assistant”, “sonographer”,
1557 “ultrasound technologist”, or any similar title or description of service with the intent to
1558 represent that the person practices as a medical radiation technology practitioner.”.

1559 “(aaaa) Section 1204 (D.C. Official Code § 3-1212.04) is amended by striking the word
1560 “therapy” wherever it appears and inserting the word “therapist” in its place.

1561 “(eeee) Section 1205 (D.C. Official Code § 3-1212.05) is amended by striking the phrase
1562 “personal fitness trainer,”.

1563 “(ffff) Section 1206 (D.C. Official Code § 3-1212.06) is added to read as follows:

1564 “Sec. 1206. Transitional provisions for board consolidation.

1565 “(a) The effects of the Health Occupations Revision General Amendment Act of 2023
1566 related to the consolidation of boards or transference of the regulatory authority from certain
1567 boards to others shall be as follows:

1568 “(1) During the 12 months after the passage of the Health Occupations Revisions
1569 General Amendment Act of 2023, the boards currently in operation shall retain its authority and
1570 members until the relevant new board members are appointed and the transference of authority is
1571 made possible;

“(2) During the 12-month transition period, the new Board of Rehabilitative Therapies shall assume its regulatory authority if it has at least 2 members each authorized to practice physical therapy or occupational therapy and 1 member authorized to practice speech-language pathology or audiology. This event shall result in the cessation of the Board of Audiology and Speech-Language Pathology, Board of Physical Therapy, and Board of Occupational Therapy; and

“(2) After 12 months have elapsed since the passage of the Health Occupations Revision General Amendment Act of 2023, the transference of authority, including the cessation of the relevant boards, shall take effect regardless of whether the relevant new members are appointed.

TITLE II- CONFORMING AMENDMENTS

Sec. 201. Section 2(f) of the Confirmation Act of 1978, effective March 3, 1979 (D.C. Law 2-142; D.C. Code § 1-523.01(f)) is amended as follows:

(a) Paragraphs (7), (18), (21), (27), and (43) are repealed.

(b) A new paragraph (72) is added to read as follows:

“(72) Board of Rehabilitative Therapies established by section 223 of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1202.23).”.

Sec. 202. The Department of Health Functions Clarification Act of 2001, effective October 3, 2001 (D.C. Law 14-28; D.C. Official Code §§ 7-731 *et seq.*) is amended as follows:

(a) Section 4941 (D.C. Official Code § 7-743.02) is repealed.

(b) Section 4945 (D.C. Official Code § 7-743.05) is repealed.

(c) New section 4950 and 4951 are added to read as follows:

1595 “Sec. 4950. Advisory Committee on Clinical Laboratory Practitioners.

1596 “(a) There is established an Advisory Committee on Clinical Laboratory Practitioners,

1597 which shall consist of the following 5 members:

1598 “(1) A pathologist certified by the American Board of Pathology or the American

1599 Board of Osteopathic Pathology who for at least 3 years preceding appointment shall have been

1600 actively engaged as a pathologist in rendering professional services in pathology or in the

1601 education and training of medical personnel in pathology;

1602 “(2) A medical technologist who is a supervisor and who, for at least 3 years

1603 preceding the appointment, shall have been actively engaged as a medical technologist in

1604 rendering professional services in medical technology or in the education and training of medical

1605 technologists;

1606 “(3) A medical technologist who is not a supervisor and who, for at least 3 years

1607 preceding the appointment, shall have been actively engaged as a medical technologist in

1608 rendering professional services in medical technology or in the education and training of medical

1609 technologists;

1610 “(4) A medical laboratory technician who, for at least 3 years preceding the

1611 appointment, shall have been actively engaged as a medical laboratory technician in rendering

1612 professional services as a medical laboratory technician; and

1613 “(5) A consumer with no direct affiliation with a clinical laboratory practitioner or

1614 a member of another health profession.

1615 “(b) To remain qualified to serve as a member of the Advisory Committee on Clinical

1616 Laboratory Practitioners, a medical technologist or medical laboratory technician who serves as

1617 an initial appointee to the Advisory Committee on Clinical Laboratory Practitioners shall become

1618 licensed or registered in the profession in which they have been practicing within 90 days after
1619 the Department of Health’s implementation of the license or registration requirements for
1620 medical technologists or medical technicians, whichever applies.

1621 “(c) The Advisory Committee on Clinical Laboratory Practitioners shall develop and
1622 submit to the Board of Medicine guidelines and proposed regulations for the licensure and
1623 regulation of cytotechnologists, histotechnologists, and medical technologists, and the
1624 registration and regulation of histologic technicians, medical laboratory technicians, and
1625 phlebotomists.”.

1626 “Sec. 4951. Advisory Committee on Medical Radiation Technologists.

1627 “(a) There is established an Advisory Committee on Medical Radiation Technologists,
1628 which shall consist of the following 5 members:

1629 “(1) A physician licensed in the District of Columbia whose practice consists
1630 mostly of the type of medicine that requires significant interaction with medical radiation
1631 technologists;

1632 “(2) Three individuals who work as medical radiation technologists; and

1633 “(3) A consumer member with no direct affiliation with medical radiation
1634 technology or a member of another health profession.

1635 “(b) To remain qualified to serve as a member of the Advisory Committee on Medical
1636 Radiation Technologists, the medical radiation technologists who serve as initial appointees shall
1637 become licensed or registered in the profession in which they have been practicing within 180
1638 days after the Department of Health’s implementation of the license or registration requirements
1639 regulations.

“(c) The Advisory Committee on Medical Radiation Technologists shall develop and submit to the Board of Medicine guidelines and proposed regulations for the licensure and regulation of cardiovascular-interventional technologists, computed tomography technologists, magnetic resonance technologists, mammographers, nuclear medicine technologists, radiation therapists, radiographers, ultrasound technologists, and radiologist assistants.”.

Sec. 203. Section 2(7) of The Health-care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999 (D.C. Law 12-238; D.C. Official Code § 44-551(7)) is amended to read as follows:

“(7) “Unlicensed person” means a person not required to be licensed pursuant to Chapter 12 of Title 3, who functions in a complementary or assistance role to licensed health care professionals in providing direct patient care or in performing common nursing tasks. The term “unlicensed person” includes housekeeping, maintenance, and administrative staff for whom it is foreseeable that the prospective employee or contract worker will come in direct contact with patients.”.

TITLE III-- FISCAL IMPACT STATEMENT

Sec. 301. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act of 1973, as amended, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

TITLE IV- EFFECTIVE DATE

Sec. 401. This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional

1663 review as provided in section 602(C)(1) of the District of Columbia Home Rule Act, approved
1664 December 24, 1973 (87 Stat. 813; D. C. Official Code § 1-2067.02(C)(1)), and publication in the
1665 District of Columbia Register.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE ATTORNEY GENERAL**



**BRIAN L. SCHWALB
ATTORNEY GENERAL**

Legal Counsel Division

MEMORANDUM

TO: Tommy Wells
Director
Office of Policy and Legislative Affairs

FROM: Megan D. Browder
Deputy Attorney General
Legal Counsel Division

DATE: July 11, 2023

SUBJECT: Legal Sufficiency Review of Draft Bill, the “Health Occupations
Revision General Amendment Act of 2023”
(AE-23-305-B)

This is to Certify that this Office has reviewed the above-referenced legislation and has found it to be legally sufficient. If you have any questions regarding this certification, please do not hesitate to contact me at (202) 724-5524.

Megan D. Browder

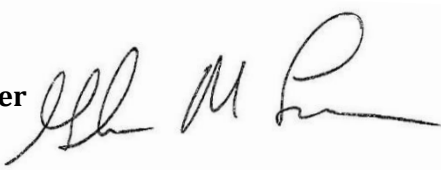
Government of the District of Columbia
Office of the Chief Financial Officer



Glen Lee
Chief Financial Officer

MEMORANDUM

TO: The Honorable Phil Mendelson
Chairman, Council of the District of Columbia

FROM: Glen Lee
Chief Financial Officer 

DATE: August 17, 2023

SUBJECT: Fiscal Impact Statement – Health Occupations Revision General
Amendment Act of 2023

REFERENCE: Draft Introduction as provided to the Office of Revenue Analysis on July
13, 2023.

Conclusion

Funds are sufficient in the fiscal year 2024 through fiscal year 2027 budget and financial plan to implement the bill.

Background

The bill makes several updates¹ to how medical professionals practicing in the District of Columbia are licensed and regulated. The bill does the following:

- Establishes standards for the practice of telehealth.
- Updates the scope of practices for several health professions including optometrists, pharmacists, physical therapists, counselors, podiatrists, registered nurses, psychologists, and chiropractors.
- Combines the Board of Audiology and Speech-Language Pathology, Board of Occupational Therapy, and Board of Physical Therapy into a new Board of Rehabilitative Therapies.
- Eliminates the Board of Chiropractic and Board of Podiatry and transfers the regulatory authority over these professions to the Board of Medicine.
- Eliminates the Board of Long Term Care Administration and transfers the regulation of the profession to the Board of Nursing.

¹ By amending The District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 et seq.).

- Consolidates the separate dietetic and nutrition licenses into one dietitian-nutritionist license.
- Transfers the regulation of clinical laboratory practitioners to the Board of Medicine and creates an Advisory Committee on Laboratory Practitioners to support the Board's work.
- Defines the practice for medical assistants and medical radiation technologists.
- Allows the Board of Medicine to regulate medical radiation technologists and creates an Advisory Committee on Medical Radiation Technologists to support the Board's work.
- Establishes a comprehensive licensing scheme for the full range of the practice of psychology based on national standards.
- Eliminates the Board of Marriage and Family Therapy and transfers the regulation of the profession to the Board of Professional Counseling.
- Creates an emeritus status for licensure, registration, or certification so that individuals can refer to themselves by the title of their profession after retirement from practice.
- Clarifies the scope of practice and qualifications of advanced practice registered nursing.
- Clarifies the regulation of nursing assistive personnel and provides for the issuance of temporary registration or certification.
- Clarifies the regulation of nursing education and nursing assistive personnel training programs.
- Modifies the titles of certain professions to conform with the current practice.

Financial Plan Impact

Funds are sufficient in the fiscal year 2024 through fiscal year 2027 budget and financial plan to implement the bill.

DC Health's Office of Health Professional Boards already licenses and regulates nearly 70,000 health professionals and provides administrative support to the District's health occupation boards. Establishing standards for telehealth, updating the scope of practice for several professions, and consolidating the District's professional licensing boards can be completed using current resources. No additional resources are required to implement the bill.